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CONTENTS

	Page.		Page.
ORIGINAL ARTICLES—			
State Society Annual Meeting at Spring Lake, June 10-12	1	Clinical Reports: Case of Tubal Pregnancy: Unruptured at Term—Dr. Walt P. Conaway	15
Oration in Surgery. Author's Abstract—Dr. Joseph C. Bloodgood...	1	Miscellaneous Cases	16
Infant Mortality—Dr. Thomas N. Gray.	3	Abstracts From Medical Journals	20
Obstetrics and Gynecology in the History of Our Race—Dr. Edward J. Ill	9	Reports From County Societies—	
Renal Tuberculosis; Report of a Case—Dr. A. Haines Lippincott....	13	Atlantic, Bergen, Camden, Essex, Hudson, Ocean, Passaic (Dinner to Dr. Balleray), Sussex and Warren	22
A Retrospect. Poem—Dr. R. S. Cone.	15	Reports From Local Medical Societies	26
		Reports From Other Societies	28

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Continued on page 111

CONTENTS CONCLUDED.

EDITORIALS—

Program of Scientific Sessions of State Society	29
A Word From the Recording Secretary, T. N. G.....	29
Our Health Laws	30
The Social Evil	30
Honoring Dr. Balleray	31
Editorial Briefs	32
Dinner to Dr. Brinkerhoff	33
Correspondence—Drs. Bloodgood, Newcomb and Sloan	33
A Few "Don'ts" in Obstetrics.....	34
Good Advice to Trained Nurses—Dr. Donohue	35
The Doctor's Position and Economic Problems	36

Editorials From Medical Journals.....	39
Editorials From the Lay Press.....	41
Medico-Legal Items	42
Therapeutic Notes	43
Hospitals and Nurses Training Schools..	46
Deaths—Drs. Joseph Tomlinson and A. Treganowan, Mrs. Linn Emerson and Mrs. Margaret Morrison.....	48
Personal Notes	49
Public Health Items. State Board of Health—April Report	50
Medical Examining Boards' Reports....	51
New and Non-Official Remedies.....	52
Thoughts for the Thoughtful.....	53
Facetious Items	54

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of the Committee on Publication

Vol. X., No. 1

ORANGE, N. J., JUNE, 1913

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147th ANNUAL MEETING
of the
Medical Society of New Jersey
in the
NEW MONMOUTH HOTEL, SPRING LAKE
June 10, 11 and 12, 1913.

BOARD OF TRUSTEES MEETS IN THE
HOTEL, MONDAY, JUNE 9TH, AT 8 P. M.

HOUSE OF DELEGATES MEETS
June 10th, 10.30 a. m. and 2.30 p. m.
June 11th, 2.30 p. m.
June 12th, at close of Scientific Session.

SCIENTIFIC SESSIONS
June 10th, 3.30 and 8 p. m.
June 11th, 9.30 a. m. and 3.30 p. m.
June 12th, 9.30 a. m.

The Secretaries' and Treasurers' Association will breakfast together Wednesday at 8 o'clock a. m. sharp.

Banquet Wednesday evening, 8 p. m., with Gov. J. F. FIELDER and other distinguished guests as speakers.

Entertainment and dance following.

Every Officer and every Permanent and Annual Delegate and every Secretary and Reporter is expected to attend, and all County Society Members present will be enrolled as Associate Delegates;

DO NOT FORGET TO BRING THE LADIES.

ORATION IN SURGERY*

AUTHOR'S ABSTRACT

PREVENTIVE AND UNNECESSARY SURGERY, BASED UPON AN INVESTIGATION OF THE EARLIEST SYMPTOMS OF SURGICAL DISEASES AND THE COMPARATIVELY INFERIOR, IMMEDIATE AND PERMANENT RESULTS OF INTERVENTION IN LATER STAGES.

JOSEPH C. BLOODGOOD, M. D.,
Baltimore, Md.

Professor of Surgery, Johns Hopkins University, Baltimore, Md.

By preventive surgery I mean measures which will make later operative interventions unnecessary, or minor operations which will save the patient from the secondary complications for which there is only surgical relief. As example of preventive surgery I may mention the following:

Preventive measures of any kind which reduce the number of accidents—safety devices, as the Westinghouse Air Brake, protective glasses for laborers in occupations in which injuries to the eyes are common, regulations of railroads, street traffic, care of laborers in different dangerous occupations.

The better conservative treatment of fractures will obviate later operative intervention for non-union and deformity.

The immediate and proper treatment of accidental wounds and the prophylactic employment of tetanus antitoxin will tremendously reduce the operative treatment of infections. Skillful obstetrics will reduce the number of later gynecological opera-

*Delivered at the 146th Annual Meeting of the Medical Society of New Jersey, Spring Lake, June 16, 1912.

tions. Good dentistry and the proper care of the teeth will prevent many of the surgical operations upon the jaws. I have never observed a cancer of the gum, except secondary to irritation of the mucous membrane from bad teeth.

All measures of preventive medicine, including instruction in the hygiene of life which have for their object the reduction or elimination of infectious diseases will tremendously reduce the number of operations for their surgical complications, such as typhoid perforation, post-typhoid cholecystitis and osteomyelitis, as well as all surgical interventions for tuberculosis of the bones, joints, kidneys, etc. The instruction of the public and of the physician on the precancerous lesions of the skin and mucous membrane which will lead to the healing of these defects, or their early local removal, will, I am sure, reduce the number of operative interventions for cancer of the skin and mucous membranes. The routine rule of removing all apparently innocent, painless epidermal, subepidermal and subcutaneous nodules will reduce the number of later and often hopeless and mutilating operations for malignant disease.

The removal of the tonsils and adenoids, I am confident, will greatly reduce the number of operations for tuberculous glands of the neck, and may have an influence in preventing Hodgkin's disease and other secondary infections which later come for surgical relief. The early treatment of middle-ear infections will prevent surgery of the mastoid and cerebral abscess. More expert genito-urinary surgery with its newer instruments for diagnosis and treatment, will diminish the operative interventions for the secondary surgical complications of gonorrhoea and syphilis. Constipation is undoubtedly an etiological factor in many cases of appendicitis, and lesions of the colon which ultimately come for surgical relief. Constipation in its beginning can usually be overcome by simple medical treatment and hygiene. It would appear that goitre of both the simple and exophthalmic type, may be prevented. The proper care of the nipples of the nursing mother prevents the surgical treatment of mastitis.

This subject of preventive surgery is capable of great development and has an intensely practical aspect.

UNNECESSARY SURGERY

The factors here are less remote than in preventive surgery and at the present

time more within the reach of an earlier correction. Surgery may be unnecessary when it is not indicated at all.

In acute surgical lesions late intervention, when the mortality is greater, is, in a certain sense, unnecessary or avoidable. In this group delayed surgery is unnecessary surgery. For example, operative intervention for appendicular abscess and peritonitis, for the peritonitis of perforating gastric and duodenal ulcer, in the late hours of acute hemorrhagic pancreatitis, in the toxic stage of intestinal obstruction, when resection for gangrene, enterostomy and drainage for peritonitis are indicated, is unnecessary, or avoidable, surgery.

The increased dangers of delayed surgery in acute lesions cannot be emphasized too frequently or too strongly.

In chronic lesions there is, first, the opportunity for unnecessary surgery when it is not indicated at all, but more often in chronic lesions the delayed surgery is the rule, and, in this sense, it is avoidable and unnecessary, because the mortality is greater and the ultimate results are very unsatisfactory in the late surgical interventions for chronic lesions, especially cancer. Why should not an inevitable operation be performed in the earlier and more favorable period? Then, again, surgery is unnecessary, and here entirely due to the fault of the surgeon, in that the operation is incomplete for the lesion, on the one hand, or too extensive and even mutilating on the other.

It is my opinion that the burden of proof rests upon surgeons working in great clinics where large numbers of cases are recorded, to demonstrate by a careful clinical and pathological investigation of a large number of identical surgical lesions, the early symptoms of acute and chronic surgical lesions.

In the acute cases they should present those symptoms and describe those methods of exact diagnosis which will allow the physician to recognize the acute lesion in the early hours in which period the mortality from operation is least, and the chances of a permanent result best. In acute surgical lesions the chief danger is immediate death from delay.

In chronic cases it is more difficult to get at the symptoms of the beginning of things, to destroy clinically the minimum of symptoms which will suggest methods of exact diagnosis for the demonstration of the obscure disease at the period in which the inevitable operation gives the best re-

sults. The chief danger of surgery in chronic lesions is not so much death from operation as failure to cure permanently.

I bring out in this paper careful studies of large groups of cases to illustrate the dangers of immediate death in acute cases and failure to permanently cure in chronic cases, and also attempt to portray the minimum symptoms and methods of investigation which will allow an early diagnosis in this favorable period.

To accomplish this reform the public must be educated to seek the advice of physicians earlier and to demand that instruments and methods of precision be employed in diagnosis. Physicians must become better diagnosticians.

If the public seeks advice earlier, and physicians recognize from a minimum of symptoms acute and chronic surgical lesions in this earlier period, the surgeon who is called at this time for the possible operative intervention, must be trained to do his part. Otherwise operations will be done when they are not indicated, or, when indicated, they will be incomplete, on the one hand, or too mutilating on the other.

This subject of unnecessary or avoidable surgery is a most practical one, and there is a chance that the public may be educated ahead of the physician and of the surgeon. I demonstrate in this paper the greater difficulties of the surgeon when operative intervention is allowed in this earlier and more favorable period.

Radium in Surgery.

Dr. Howard A. Kelly, Baltimore, presented this subject at the annual meeting of the Medical Society of the State of New York. He expressed his belief that Radium is destined to produce a change in surgical and medical work, not less marked than the introduction of the Roentgen ray, perhaps even more decided. Radium in surgery will definitely cure many forms of cancer, especially in the early stages; it will cure 96 per cent. of skin cancer, recurrent uterine cancers if taken early, and some cases of rectal cancers; it acts most favorably on parotid growths; it will cure some cancers of the lip, tongue and breast, and it acts also very positively on sarcomas. It also cures various other fibrous and epithelial growths especially on the surface of the body. One of its happiest effects is in curing angiomas, even the large vascular growths which cannot be treated at all surgically. In gynecology radium acts happily, outside of its value in cancer, in checking the growth of fibroid tumors, in stopping uterine hemorrhages and in relieving some forms of pelvic inflammatory trouble. One of its happiest uses is in the cure of obstinate pruritus of the vulva and anus. In exophthalmic goiter there is a promise for a definite field of utility. Its use in surgery, dermatology and medicine bids fair to bring about either a realignment or a readjustment of the work in these special branches.

INFANT MORTALITY.*

BY THOMAS N. GRAY, M. D.,
East Orange, N. J.

To many, the subject selected may seem a threadbare one for a presidential address. Many times has it been the subject of discussion; many have been the articles upon it in medical journals and lay magazines; but in no problem is the last word said until a solution is reached. This is eminently true of the problem of infant mortality; for no one who has kept in touch with written word and remedial effort but knows the solution is not even within hailing distance; for no appreciable reduction in the death rate, except in spots, has come from the effort put forth from philanthropic, sanitary or medical source.

The problem holds within itself eugenic, social, economic and sanitary questions; but underlying all is a medical question, and the medical profession should take the leading part and blaze the way to the solution, with state, municipality and philanthropy looking to it for suggestion and direction.

Because the problem is so far from solution, and is of such vital importance eugenically and economically, I take the opportunity given, to present it to the largest component society of the State Society for consideration, as being one of the most, if not the most, demanding of preventive medicine.

No time will be taken in giving figures and statistics. That the death rate of infants per birth rate is large, is fact. That these deaths are in large part preventable, is equal fact. It is enough to call attention to certain findings obtained from an analysis of the death rate, together with other findings from observation, which do not show in the statistics, as a basis for determining underlying causes, and as a starting point for suggestions as to the lines of direction in which remedial effort should run.

The large majority of deaths occur under one year, with the great proportion under one month of life; the tenement districts of cities furnish the highest percentage of death rate to birth rate; this percentage is still larger in these districts of manufacturing cities; the death rate during the summer months is far larger than during the other seasons of the year; more deaths per births occur in the practice of midwives than in that of physicians. These findings

*President's address at the annual meeting of the Essex County Medical Society, April 1, 1913.

are from the published death rates gathered from all parts of the country. The findings from observation are: that the deaths after the first two weeks of life are confined almost entirely to the artificially fed; that the longer the infant is kept on the breast the larger the percentage of success with artificial feeding; that the majority of infants on the breast for the full nursing period will survive, even in the most unideal environment. These findings establish the first year of life—the nursing period—as the critical year of life, and show that pre and neo-natal causes must operate to make the first month of this year the most fatal to infant life. They also establish the fact that in the tenement districts of cities causes are operating, and in these districts of manufacturing cities still other causes are acting, besides artificial feeding, which do not pertain to the country to any extent, and never pertain to the home with comfortable income, hygienic conditions, plenty of fresh, moving air, and sunshine; as in the country, and in the house with ideal conditions, the majority of artificially fed infants survive, while in the tenement districts of the cities the majority die.

What are these pre-natal and neo-natal causes? Students of the causes of infant mortality agree that many infants come into the world with constitutional defects due to syphilis, which marks them for a short, losing fight. All, too, agree to the effect, on the child, of work which exposes the mother to the absorption of metallic poisons. Of these, lead is the most common—how common is shown by the 1910 and 1911 report of the United States Bureau of Labor, which gives 78 cases among 393 women working in white, yellow, art and utility ware, and in tile works—a ratio of one to five.

The large death rate in manufacturing cities shows pre and neo-natal influences at work which are not present in non-manufacturing cities. The economic condition compels the mother to work in the factory, and this work is continued up to a short time before the birth of the child; and the same poverty which compels the work, cannot provide food of proper character and quantity for a pregnant woman. Under such conditions the woman is low physically, and the infant is necessarily ill-nourished and low in vitality.

That these pre and neo-natal causes continue to act, if the infant lives through the remaining months of the first year and even through the second, is shown by the fact

that the insignificant diarrhoea or slight bronchitis, for instance, of the normal infant, under ideal conditions, frequently proves fatal to the tenement infant of the same age, the fatal diarrhoea or bronchitis being the end result of conditions which began during pregnancy, or before conception.

What are the post-natal causes operating in cities? Economic, environment, ignorance, midwife, tuberculosis and artificial feeding factors. The economic factor compels the mother to return to work in the factory, at the latest, within three weeks after the birth of the infant. The mothers in the cities who can stay at home and nurse their babies, as stated before, will save them in the majority of instances, even if the environment is of the worst, while the mothers who have to go to work and put their babies on the bottle, bury their infants with great regularity.

The environment factor precludes fresh, moving air, and sunshine. The normal infant requires these for perfect development. How vital they are to an infant below par!

The ignorance factor makes for unintelligent care of the infant, the unhygienic house and unhygienic care of milk, bottle and nipple, all of which under such conditions, are agents of death. Environment and ignorance are also responsible for many of the deaths of the breast-fed that occur in the tenement districts of cities.

The midwife acts as a factor because, as a rule, she does not instruct the mother on the importance of breast-feeding, because of lack of knowledge on her part of the fateful results of artificial feeding. The same lack of knowledge holds true as to the necessity for cleanliness of utensils, bottles and nipple and care of milk, when the infant is artificially fed.

Tuberculosis is a large factor. There is a difference of opinion among the great pediatric teachers as to the infection of infants by bacilli of the bovine type. Prof. Schlossmann, of Dusseldorf, in the latest summary of scientific investigation, while he expresses no opinion, emphasizes the final conclusion of a pronouncement of the Imperial Health Department, which is as follows: "therefore the consumption of meat of tuberculous animals containing the living bacilli of the bovine type, cannot be looked upon as insignificant to man. Especially is this true during childhood." While the pronouncement does not mention milk it will evidently hold in this as well as in meat. There is the same difference of opinion as

to the entry port of bacilli of the human type, some maintaining that inhalation is the mode of entry of the bacilli in most instances, others that the chief mode is by food to the intestines. Whether the greater number enter by inhalation or by food, should not enter into the question of prevention. We know that infants in their play on the floor contract tuberculosis from the dust blown in from the street, or from sputum deposited on the floor of the ignorant home; and we know that younger infants contract it, if not playing on the floor, through the inhalation of the bacilli-laden dust in the unhygienic home. We know, too, that it is contracted from milk contaminated with bacilli in handling, and through lack of protection from dust. Environment is a source of increase in the number of tuberculosis cases, as open air and sunshine are prophylactic and disinfectant—and both are lacking in the tenement.

What are the factors in the increased death rate in the summer months? Heat, not necessarily excessive, humidity, environment, ignorance, poverty and artificial food. Excessive heat alone or humidity alone depresses the infant in functioning power and in resistance to bacteria and their toxins. Heat and humidity combined, even if the heat is not excessive, act more quickly and markedly. The heated atmosphere interferes with the loss of body heat, humidity still further interferes by preventing evaporation. In consequence of retained heat and inactive skin, the infant's metabolism is interfered with. The child with normal resistance can withstand the conditions for a time and recover, if the home is in the country and it can escape some of the effect of the heat and humidity through the breeze under the tree or on the porch. This opportunity is denied the infant in the tenement, and it must make its fight in the stuffy room, its only relief coming when night allows the use of the roof.

The same atmospheric conditions affect the milk. It may be of low bacterial count when it leaves the dairy, but through lack of ice during transit it reaches the house with the count greatly increased; or, the milk, clean at the dairy, properly iced during transit, comes to the house where the ignorant mother knows nothing of home, personal or milk hygiene, and where, perhaps, poverty precludes ice. In such a home the conditions are ideal to make the cleanest possible milk rapidly dirty. In the winter, with the temperature of the atmosphere keeping the milk cold and the infant in bet-

ter resistance condition, the artificially fed of the tenement not infrequently live; but in the summer months, with atmospheric conditions depressing vitality and digestive system, the dirty milk makes the death rate big.

We have seen how artificial feeding runs along with all the other factors; and the two facts, developed earlier in the address, that the majority of infants who die within the first year, with environment, economic, poverty and ignorance factors playing no part, have been artificially fed, and that the breast-fed infant will survive, in the majority of instances, in the worst kind of environment; establish artificial feeding as the greatest single post-natal factor, and invite the query: why so many artificially-fed infants? We have seen that the economic factor which compels the mother to abandon her infant in order to return to work in the factory and the uneducated midwife, are responsible for practically all of the artificially fed in the lower strata of life. In the upper strata the woman differs from her sister in the lower, in that she abandons her infant so that she may have more time for outside interests. The accommodating physician differs from the midwife in that he is educated and knows the dangers of artificial feeding. Here, at least, the medical profession in its organizations can do something positive, by branding as unethical the physician who accommodates himself to the mother who wishes to put her infant aside.

What has been done and what accomplished up to the present by philanthropy, state, municipality and medicine?

Within the past two years a philanthropic movement to curtail syphilis has been undertaken, the method being to educate fathers and mothers in the effects of this infection on life, and on infant life particularly, and to urge them to give their children the knowledge of sex matters which will safeguard them, as far as they can be safeguarded by knowledge gained from parents. In addition to this, young men are told the results of syphilis on self and progeny, and urged to live clean lives to insure children who, so far as syphilis is concerned, can begin life unhandicapped. The movement is also agitating these questions: the reporting of syphilis to the Board of Health; the requirement of a clean bill of health to accompany the application for a marriage license, this applicable to both men and women, and the establishment of hospitals for the reception and treatment of those afflicted with the venereal diseases.

There is now before the State Legislature a bill providing for the better safeguarding of those who work in places in which lead is used. This bill has passed the House, and I was told by a member of the Assembly that it would pass the Senate if it did not get lost in the log-rolling and shuffle of the last few days of the session.† The good effect of such a law has been demonstrated in Great Britain, where its operation has reduced the number of women poisoned by lead to one in sixty, as against the ratio of one in five in this country.

No effort has been made against neo-natal causes.

Against post-natal causes the State is doing some work. It has a Tenement House Commission, and an advanced law for enforcement. This commission reported, October 31st, 1912, a total of 8,728 new law tenements constructed since its organization. It also reported the total number of old tenements as 48,867, and gave a large number of violations of the new law removed, but did not say how many of the old tenements had been made more modern, with respect to ventilation and light.

In an address before a Housing Conference, on March 28th last, in Newark, the President of the Commission said: "The Commission is hampered by an insufficient force of inspectors." This makes apparent a fact which will keep on developing as we progress, that our legislators have no comprehension of the conservation of human life.

There is also a State Commission on Tuberculosis of Animals, which has been working since August, 1911, directing its efforts entirely to tuberculous cows. There is enough suspicion against bovine tubercle bacilli to warrant the naming of this commission as one engaged in work having a bearing on infant mortality.

The report of December, 1911, of this commission says, through its secretary: "The Legislature has given the commission a law and entrusted it with its enforcement. This the commission proposes to do without fear or favor." The report for 1912 shows the number of herds tuberculin tested as 159, and the number of herds physically examined as 230. Whether the 159 tested are included in the 230 examined the report does not say; but taking it for granted that

they are not, it shows 389 herds visited. The number of dairy farms in the State is 10,000, and consequently there is this number of herds. Let us examine this law, which is to be enforced "without fear or favor," with the object of discovering whether it or the commission is at fault, that but 389 out of 10,000 herds are examined in a year, at the start of which the commission showed so much enthusiasm.

Abstracts from the law read as follows: "The President of the Board of Agriculture shall appoint five persons * * * one of whom shall be a physician and surgeon." These, with the President and Secretary of the State Board of agriculture, "shall constitute the Commission on Tuberculosis among Animals" * * "The Commission may appoint a Chief Inspector, who shall also act as assistant to the Secretary * * * and as many inspectors, *not exceeding six*, as in its judgment are necessary for the proper enforcement of this act." Seven inspectors, one of whom must do some clerical work, for 10,000 herds! Another evidence of the lack of comprehension on the part of legislators of the conservation of human life.

Now some more abstracts from the law. "Whenever the Commission shall be notified by the Secretary of the State Board of Health, or any owner or owners of dairy animals, requesting" (note the word '*requesting*') "them to inspect such animals supposed to be diseased with tuberculosis, a veterinarian and inspector may be designated by the Commission to make such inspection."

The commission evidently can take no initiative, but can act only on notification from the State Board of Health, or on *request* from owners of dairy animals.

Some more abstracts from the law. "If upon examination * * * any animals in said herd are found to be infected with tuberculosis, they shall be, in the discretion of the Commission, condemned and slaughtered. * * * In such case, three-fourths of such valuation * * * shall be paid by the State to the owner or owners * * * provided such appraisement shall not exceed \$50 for each animal condemned; and provided further, that no compensation shall be made for animals considered by the Commission to be of no value." * * * "The Commission is hereby authorized to sell the slaughtered cattle, and the proceeds from the sale of meat, hide and other marketable parts of the animal shall be paid to the State Treasurer." It will not seem that the own-

†The manufacturing potters succeeded, during the log-rolling at the end of the session, in preventing the bill from passing in the Senate. The bill again passed the Assembly at the special session, just closed, May 27th, only to be again lost, in the shuffle of the last day, in the Senate. Surely the public needs educating to the point where it will demand, in forceful manner, health legislation from its legislators.

ers of dairy animals will break any records in hurrying their "requests" for inspection, knowing that they will receive but three-fourths of the value of a slaughtered animal, and will have, as well, to stand by and see the State walk off with the proceeds of the sale of the carcass.

Supposedly the State must be doing something toward safeguarding milk, as the State Board of Health has a division of dairies and creameries. But the Secretary of the State Board, in his report for 1911, says: "The greatest task confronting this division is the inspection of dairy farms. To do this completely and thoroughly, it would be necessary to have an inspector in every county in the State; * * * *with the present meager force* it is utterly impossible to even inspect all the farms once a year. Because of the insignificant force, the division adhered to the plan * * * of co-operation with the local boards of health, who manifest *a certain amount* of interest in their milk supply."

The working force of this division in 1912 was a chief and four inspectors, and one of these inspectors had to devote considerable time to routine office work. There are, beside the 10,000 dairy farms, 174 creameries in the State, and the total inspections were—of dairies, 1,874. Of creameries, the number is not stated in the report. The annual appropriation for this division, for the past few years, has been \$8,450. Out of this sum must be paid the salaries and travelling expenses of the inspectors, the salary of a clerk, and incidental expenses, including blanks, postage and stationery. Another example of the incomprehension on the part of legislators of the conservation of human life.

It is this division which gives notification to the Tuberculosis Commission of tuberculous cows in a herd, so that its lack of funds stands in the way of the work of the Tuberculosis Commission, as well as does the poor equipment of the latter.

In municipal work, in the matter of clean milk, 38 out of 476 sanitary districts in the State showed the "certain interest" in their milk supply, which, you will recall, the Secretary of the State Board says is the basis on which inspection of dairy farms is made. This is about all that one would expect to show a "certain interest," when the character of the average membership of such boards is considered, being, as they are, composed of men to whom the appointing power is in debt; and this political debt, not suitability, is the motive of appointment to a

board which has the conservation of health and life as its work.

The boards showing more than a "certain interest," and which are active in supervision of milk on their own initiative, are few in number, the notable ones being Montclair, Summit, Elizabeth and the Oranges. Newark has passed, on its first reading, an ordinance far in advance of any it has had before. In general terms, all milk must be either from tuberculin-tested cows, pasteurized or heated to 200°, and must be kept at a temperature of 50° or lower. The ordinance provides for certified, guaranteed, and grades A, B and C. Guaranteed must be from tuberculin-tested animals, and have a score of 85. It must contain no more than 30,000 bacteria per cubic centimeter, must be bottled at the dairy, marked with the date of the earliest milking, and delivered within thirty hours. Grade A must come from tuberculin-tested cows, have a score of 60, may contain a count of 100,000 from October to May and 150,000 from May to October, and must be sold in bottles or sealed containers, marked with the date when filled. Grade B is 40% milk pasteurized, must contain no more than 1,000,000 before nor 50,000 after pasteurization, must be sold within thirty-six hours, and cannot be re-pasteurized.

The medical profession has confined itself to the organization of milk commissions for the certification of milk from specified dairies, which agree to be guided by the commission in the management of the dairy, as far as the production of clean milk is concerned. The first commission of this kind, as we all know, was in our own county. In addition to this, there are active commissions in Elizabeth, Springfield and Summit. Sussex, Morris, Bergen, Passaic, Hudson and Ocean County Societies have appointed commissions.

Certification of milk is doing good work, but it is of no value in meeting the infant mortality problem in the place of greatest need, the tenement district, as its price is prohibitive.

Philanthropy and medical profession have joined hands in providing milk to indigent mothers, several methods being used, as, consultation stations and diet kitchens dispensing a modification of clean, raw milk. When this has been followed up by a visiting nurse, good has been accomplished. If no nurse follows the milk into the house, station and kitchen should be abandoned; consultation stations dispensing a modification of pasteurized milk, with a visiting

nurse, which have met with success; consultation station providing a clean, raw milk in bulk, with a physician in attendance who speaks the language of the neighborhood, and a visiting nurse, also speaking the language of the neighborhood, who teaches the mother to make the modification prescribed, and instructs in hygiene, have had great success. I am convinced that the results accomplished by such stations, operated by the Essex County Public Welfare Committee, are due to the mother receiving instructions in her own language.

An analysis of causes and a survey of work done and of results accomplished, cannot but convince that the problem is not for philanthropy to solve, nor for medicine, only in so far as it can point the way to solution.

Conditions of environment, inimical to health and life; economic conditions, existing because of ill-paid labor, or of conditions of labor which unfit a woman for childbearing, and rob the infant of nature's food; civic conditions which can be bettered, but which, existing, correlate with atmospheric conditions for ill; syphilis, a communicable disease; the uneducated midwife jeopardizing life, are all fundamental, having to do with the relationship between people and government.

Many of these conditions, as referring to the adult and older child, have been so regarded. Safeguards of health, life and limb in factories; the hours of labor for man; authority over contagions and infections; playgrounds for children; a standard for the issuing of a license to practice medicine, have all been the subjects of legislation. But aside from quarantining, and isolating infections, very little has been done for the conservation of infant life, and that little has been ineffective through lack of funds.

On State and municipality rests the burden of infant mortality. Both have an obligation to the infant, as well as to the adult. The infant is a possible citizen, and has a potential value which cannot be computed. We know that a low birth rate in France threatened its prosperity, and that the reduction of infant mortality was made imperative. Some years before any effort was made in this country, at several localities in France, clean milk was being provided, environment bettered, mothers educated in care of self during pregnancy and in care of the infant, financial help given to the women working in the factories, so that they need not work up to the birth, and could

stay at home and nurse their babies for a longer period. The result of this work, meeting so many of the causes, was a reduction of 60% in the infant mortality in the localities where it was done. How this result could be magnified, if general, through a realization by State and municipality of their duty, which would lead to the initiation and carrying on of effective remedial effort!

Syphilis should be treated as are other contagious diseases. Smallpox, diphtheria, scarlet fever and tuberculosis are reportable, and isolation hospitals are provided to protect home and public from them. No stable argument can be advanced for letting syphilis go unreported. Why should the infection to which one goes remain unbridled, while those which come to one are bridled? No stable argument can be advanced against the argument for county hospitals for the detention and treatment of the syphilitic. Why should the syphilitic be allowed to walk the streets, use the public toilet and the towels of the washroom or stay in the home, any more than is the one with smallpox? Syphilographers agree that this disease can be cured, and is non-transmissible one year after the disappearance of symptoms, if repeated Wassermanns during this year are negative. Why should the infection which reaches out to the coming generation go uncurbed, while those which affect the present generation only are curbed?

No stable argument can be advanced against a law compelling a certificate of freedom from syphilis to accompany an application to marry. Why should the syphilitic marry, any more than the insane, the feeble minded, the epileptic? Because the law would be broken many times through the itching palm of the conscienceless physician is no argument. All laws are broken; hence police and criminal courts.

Tenement House and Bovine Tuberculosis Commissions should be made effective by sufficient appropriation, and the latter should have authority to initiate inspection, and to enter upon any dairy farm.

The pregnant woman should be prohibited by law from working in the factory after the seventh month, and from returning to work until the infant is four months old. If, through the lack of her earnings, the poverty is extreme, aid should be given through the overseer of the poor.

Municipalities should provide ice in the summer for the home where there is an artificially fed infant, if poverty prevents the mother from obtaining it. They should pro-

vide parks in the crowded districts, where the infant of the tenement can get fresh, moving air in the hot, humid months. They should include in their educational system a corps of nurses to instruct the ignorant woman in the proper care of herself during pregnancy and of the infant afterward, and to teach her hygiene of the home and of milk.

The standard of education of midwives should be raised and they should be made to show a knowledge of the value of breast feeding, of hygiene and of the dangers of artificial feeding, before a license to practice is given to them.

State and municipal health departments should be so constituted in knowledge of sanitation, and so equipped with appropriation as to be able to give intelligent and effective supervision of milk, from dairy or border line to refrigerator; and the bacterial count should be publicly displayed, so that consumer and physician may know from whom the cleanest milk can be obtained.

In conclusion, to make more effective effort for the conservation of life, and for the reduction of infant mortality, the health departments of State and municipality should be one, through a single commissioner of health, with wide authority.

The State should also have a department of Child Hygiene, under the direction of a single commissioner.

These commissioners should be physicians or sanitarians, and the salary should be large enough, the term of office long enough, to attract the best. Legislators should appropriate sufficient funds to make both departments fully effective.

The part of the members of the medical profession in the effort to abate infant mortality is to give their knowledge, personally and collectively, to the people, in such manner and with such authority and repetition, as will bring the public some day to demand, as a prerequisite to nomination and election of candidates to the Legislature, a definite, unequivocal promise of effective legislation for the conservation of health and the saving of life, with the understanding that loss of respect in the community and political oblivion will be the result of broken promise.

A point well to be remembered in the diagnosis of an indurated sore on the penis or within the urethra, when a denial of exposure is received with credence, is the question of malignancy. A small section should be excised for examination.—American Journal Dermatology.

OBSTETRICS AND GYNECOLOGY IN THE HISTORY OF OUR RACE.

Annual Address of the Retiring President
of the Academy of Medicine of
Northern New Jersey,
Delivered May 21,
1913.

By EDWARD J. ILL, M. D.,
Newark, N. J.

First, I wish to compliment the Academy on the work accomplished during the second year of its existence. It has been your President's endeavor to attend as many meetings of the various sections as his professional duties permitted.

We have had excellent papers and addresses. They were of such excellency that any Academy might well be proud of. I have not those papers in mind that were delivered by our guests, but those which came from our own fellows. Among the subjects discussed and presented with marked ability were:

The Diagnostic Value of Uterine Scrapings, Dementia Precox, Constructive and Destructive Peripheral Nerve Surgery, Important Points on Brain Surgery.

Then our Clinical evenings were memorable: Vascular Diseases, Their Early Recognition and Treatment, Acute Retropharyngeal Abscess, Placenta Previa, The Discussion of Caesarian Section, The Diagnosis of Incipient Tuberculosis, Convulsions, Correction of Deviated Septum, Cardiac Insufficiency, A Symposium on Gastric Diseases, Vesico-Vaginal Fistula, Orbital Cellulitis, etc.

I speak of these subjects to show you how wide a range our own men have worked in and how profitable would be a regular and attentive attendance. Not that we have not had a large attendance, rather the contrary. The number at each meeting has been increasingly large, showing distinctively the interest in the work. Doctors are often found fault with because they do not take more active part in public matters. This is a deplorable fact, but has a very good explanation.

We are as public-spirited as any other class of citizens. Those of us who love the profession most are her servants. The profession is a jealous mistress and demands all the time of her devotees. He who has much time for other things usually does not rank high in her estimation.

I wish we all could be like Virchow, who not only was an eminent scientist as a professor of pathology, but also an active member of the Common Council of Berlin, of the German Parliament, besides Dean of the University and President of the Archeological Society. It was he who led Schlieman to the discovery of the site of the ancient city of Troy. As a recreation he edited the Archives of Pathology.

Such working capacity very few of us possess, and the average physician is usually thankful to be an average good doctor, and the average good doctors are those who regularly attend their society meetings. Society meetings are an education, an inspiration and an incentive to our best efforts. What greater reward can we have than to be useful to our fellow creatures and to have and to hold the esteem of our fellow practitioners? It is only a doctor who is able to judge of a doctor's ability in the profession. But a doctor must not only have ability, he must be honest. My friend, Prof. Howard A. Kelly, once asked me, "What is the first requisite of a good doctor?" I unhesitatingly answered, an honest man.

GYNECOLOGY AND OBSTETRICS IN THE HISTORY OF OUR RACE.

The sexual life of the human female was considered in its physiological function and its pathological conditions by all the great thinkers of all times. All seemed a great mystery. It was studied with that great interest which a subject deserves, upon which the welfare not only of the individual but of the whole race depended.

When we speak of the ancients we must remember that physicians were not only doctors but also philosophers. All questions of importance in life were considered by them.

Naturally Obstetrics was the first subject in medicine that needed and received our attention. Then surgery with its hemostasis and dressings for wounds. Experience came first, then art, followed by science. Science came with the discovery of the circulation by William Harvey.

In ancient India the Brahmin literature Ayur Veda, i. e., the science of life, written by Susrata or Charaka, was very definite in its Gynecology and Obstetrics even 1,500 years before Christ. Among the eight severe illnesses, abnormal positions of the foetus is especially noted. Therefore, turning and merrillation of the dead foetus are described.

Caesarian Section is demanded on the dead woman provided life in the child can be demonstrated.

According to the Papyrus Ebers, 3700 B. C., the Egyptians published a book on the diseases of woman. As is well known, the ancient Egyptian physicians were priests. Moses having been an Egyptian priest, naturally would give his people such hygienic laws as he got from them, laws that deserve our admiration even at this day.

Hippocrates has a chapter on the physiology and pathology of woman. He seemed especially interested in the sterility of woman and the pathological conditions of the virgin. What two subjects would most naturally interest us? He refers especially to the diseases of the female genitals as manifesting themselves in general symptoms.

Aristoteles, Aretaeus and Galen made close and noted studies in this line, but produced nothing new. Galen's great merit was that he rounded out the knowledge of his day into a system.

Soranus wrote a book on diseases of women which is memorable in the history of medicine. Among the ancient Greeks the midwife was an important institution, as she deserves to be even at this day.

Celsus is very definite in his directions for the relief of the mothers in a malposition of the foetus. Celsus antedated Soranus. It seems that Soranus must have known of the importance of the perineal body, for he urges perineal support with a linen cloth to prevent its rupture.

In removing the placenta he urged the greatest care not to produce inversion of the uterus. During the time of Soranus there was a great difference of opinion as to the possibility of the female having diseases peculiar to herself. He was very definite in his views and wrote at length of hysteria, metrorrhagia, uterine displacement and skleroma, by which he must have meant fibromyoma of the uterus. He even speaks of extirpation of the uterus, though he did not do it himself.

Soranus lived during the climax of the knowledge of gynecology and obstetrics of the ancients. For several hundred years after Soranus and Galen nothing new was learned about our subject. The time soon came, as it did about the fifth and sixth centuries, that all knowledge and learning was concentrated in the cloisters and the monk had little left for the creature who brought

sin into the world. Then the monk had little interest in woman, as he saw little of her. The Benedictines, whom we have to thank for nearly all that has come down to us of ancient knowledge, likewise had little interest in the woes of women.

Paul of Aegina in the Byzantine period again showed some interest in the subject, but not much more than what he copied from Soranus. His description for the introduction of the bivalve speculum is classic.

About the twelfth century Greek medicine and the Alexandrian school had entirely disappeared. The Arabian school was now predominant and Albucasis and Avicenna were the exponents of the gynecological knowledge. Soon after this came the remarkable though narrow work of Albertus Magnus, the title page of whose book "Concerning the Secrets of Woman" I had the pleasure to show you a year ago on the screen. About the twelfth century the Italian University of Salerno first made itself known. One of its first chairs after that of law was medicine. Little was done for our knowledge of gynecology, however, for there was a constant and everlasting fight between the Church and the university for supremacy. Bishops and Archbishops were at this time prominent physicians and this was not conducive to the knowledge of obstetrics and gynecology. In middle ages a repetition of the views of the older writers is common and there were not many original observations. But the laity was clamoring for an education and knowledge, though books and good teachers were rare.

However, the advancing knowledge of the female anatomy gave a new impetus to the profession's efforts and the functions of the female as described by Haller in the latter end of the eighteenth century stood in the foreground.

William Von Humboldt's monograph on "The Difference of the Sexes and Their Influence on the Organic Nature" was read with great interest at about the same time. In the first half of the nineteenth century we have the Siebold family, which has given us three noted obstetricians, as did also the Froriep family. The first Siebold published an important work on Obstetrics in 1800, while Froriep published his work in 1802. The latter was especially noted for the giving of strict indications for the various obstetric operations.

Lawrence Heister in 1770 beautifully describes the classical Caesarian sections, but only followed the noted description of Rossetus of about 1540.

Siebold and Feigel were followed by Scanzoni, the most noted obstetrician of the middle of the last century.

I will now show you on the screen twenty-eight illustrations from some of the earliest authors' works.

No. 1. Shows you one of Feigel's illustrations from his beautiful book. The book in my possession came to me through the late Dr. Eurich, whom some of the older men in the profession may remember. William Hunter, who had already twenty-five years before published his beautiful work on obstetrics, preceded Feigel by a masterful work, of which I pick out four plates.

No. 2. The gravid uterus.

Nos. 3 and 4. The gravid uterus with the child exposed.

No. 5. Showing the ovum in the earliest month of pregnancy with its chorion. A hundred years previous to these writers we find fantastic illustrations, and medical students like illustrations, as for instance we find in a copy of the full works of Fred Ruysch, as in the next two plates.

No. 6. Skeletons of fetuses holding up small ova.

No. 7. Skeletons of fetuses among other curiosities of nature, even to an ostrich feather which poses over the head of one of the fetal skeletons. These no doubt have been cabinet pieces and were much admired. At this time and even long before there were earnest efforts to gain an understanding of the physiology and anatomy of pregnancy. Thus Clericus and Magnetis showed interest in comparative anatomy of the uterus, as is shown by the next three plates.

No. 8. Represents the uterus of the cow.

No. 9. Here is a picture of the human uterus, though not entirely correct.

No. 10. This is a better illustration by the same author. Interesting observations are numerous at this time, as is shown by the next plate.

No. 11. Depicting an illustration from Vander Wiel in 1727 of a twin pregnancy with a connecting vessel between the placenta. This is, however, hardly possible, since no embryological explanation could be given for such a condition. I show it as a curiosity.

No. 12. Schematic illustrations were many, as is shown by this drawing of the fetal posture in its abnormalities. About the middle of the eighteenth century there lived one Lawrence Heister, whose works are a revelation of acute observations. In 1746 he described the first successful resection of the bowel and a true description of

a gangrenous appendix. His obstetrics were keen.

No. 13. Shows his obstetric forceps and the method of application.

No. 14. The various positions of the fetus, the vectis, the obstetric chair, the operation of turning and manual separations of the placenta are all well illustrated.

It will be proper to let these illustrations be followed by one or two of the present day.

Nos. 15 and 16 give Sellheim's median sections of the female pelvis, which are unsurpassed.

But not only were physicians interested, but ethnologists also, and many are the illustrations that we find. For instance, Engelman, of St. Louis, describes the birth of a child among the American Indians and the abnormal and difficult labor.

No. 17 gives one of his illustrations. A better method of compressing the abdomen could hardly be thought of.

No. 18. Schoolcraft illustrates a North American Indian in her menstrual wigwam, to which she is banished during the flow. Nor have we doctors had the exclusive privilege of doing obstetric operations, for we find the negroes of Uganda (Central Africa) doing Cesarean.

No. 19 shows the sections. The operation, as reported by one Felkin, was successfully performed in 1878. The woman, a primipara of 20 years, was narcotized by banana wine; legs and arms were tied down by ropes made of the bark of trees. You will notice how the chief assistant supports the abdomen on both sides just as we do today. The abdomen and the operator's hands were washed with banana wine.

A single incision reached the membranes; bleeding points were stopped by actual cautery. After delivery of the child the uterus was massaged and the operator introduced two fingers into the cervical canal for dilatation, the placenta and blood was now removed. A mat made of grass was now laid over the wound and the woman turned on her side to let all discharges flow from the peritoneal cavity on to the floor; no sutures were placed into the uterus.

The abdomen was closed with long iron nails like acupressure needles and held together with threads made of bark. A plaster was laid over it all, made of chewing roots fine which had been spit into a vessel. All was covered with warm banana leaves. In six days all the nails had been removed and the woman was about again on the eleventh day.

The story is also told of a Chippewa Indian who did a Caesarean section on his wife, saving mother and child. Schoolcraft reports the case and has often seen the woman afterwards.

If you will compare this with the next two pictures, Nos. 20 and 21, from Scipione Mercurio, you will find the difference not very great.

There was a great discussion early in the eighteenth century as to changes in the foetal position. Following is an illustration, No. 22, which depicts the fetus as making a somersault. The illustration is contained in an anonymous work.

No. 23. The Japanese were not without obstetric knowledge, as is shown from an illustration of a Japanese wood cut showing various positions of the foetus.

Many are the queer reports of multiple births. No. 24 represents an illustration given by Ambroise Pare of a woman who gave birth to nine children in her first pregnancy and eleven in her second, and they were all boys.

No. 25. An illustration of seven children at a birth is reported from Hansels in 1600, two boys and five girls, who, as the record shows, were all christened and lived but 33 hours. This is the picture of a monument in the cemetery recording the facts. In those days no one dared scoff at church matters. It is thus likely a true occurrence. How serious the matter of pregnancies have been taken is shown by the illustrations of noted paintings of the pious.

No. 26. This represents a visit of Mary's to Elizabeth. The painting is in the Academy of Fine Arts in Florence and painted by one Giacomo Pacchiatotto. The indications of the pregnant women are here simply noted by the character of the dress.

No. 27. Albrecht Durer, however, has not been so delicate and the bodily form shows the condition.

A freer painting than that of Albrecht Durer's is shown by a picture of the School of Cologne in 1400, in which the foetuses are shown by the artist, as will be seen in the next and last of the plates, No. 28. The artist must have been earnest and pious in his endeavors, for we note how Christ is turned to Elizabeth as if He was blessing Elizabeth, while John is in position of a prayerful attitude, as would become one who was greeting the Messiah. No doubt the picture must have had a great influence on the faithful of the Church.

In the second half of the nineteenth

century, in the memory of the reader, we find such great men as Scanzoni-Braun, Hegar, Semmelweis, Spencer Wells, Sir James W. Simpson, in foreign countries, while our own has produced a Sims, Hodge, Atlee, Thomas Emmet and Peasley studying what seemed to be intricate problems.

Those who have not lived in the latter half of last century and have not seen this work progress from a most theoretical knowledge to a profound insight, know little of the work accomplished.

The work accomplished has been so great that the question of the passing of the gynecologist is earnestly considered. This is certain, it has lost its all-absorbing interest, which it had when the reader of this paper first took up the subject. It has become too small a field for new epoch-making research.

Please do not misunderstand me and believe that all is known on the subject. The great truth and foundations are so well understood, however, that little can be added except embellishments and personal experiences.

Nevertheless, it will be an everlasting topic of interest. Each phase of the female sexual life from the day of puberty to the cessation of sexual activity brings with it a wealth of causative physiological and pathological changes. For instance, what remarkable changes are brought about by the first appearance of menstruation, the time for the full development of the sexual organs, the factor of cohabitation, conception, pregnancy, birth and the puerperium, and lastly retrogressive changes which result in cessation of menstruation.

All these phases produce wonderful changes in the individual being, in the functions of the heart and circulation, in the brain and nervous system. An old writer says "*Propter solum teurum mulier est quod est.*"

Woman is what she is because of her uterus only. While Hippocrates asserts that the uterus is the cause of all diseases which affect woman.

Goethe lets Mephistopheles say to the student, *Es ist ihr ewig Weh und Ach—*

So tausend fach.

Aus einen Punkte zu Kurieren.

Which Tayler translates thus: To lead the woman, learn her special feelings.

Their everlasting aches and groans, in a thousand terms have all one source, one mode of healing. Virchow says that woman, with all her peculiar build, her beauty and her make-up, her love, her truth and

all that makes woman lovely and attractive is but an adjunct to the ovaries.

The sexual life of woman stands for what Madam de Stael says of her love: "Love is an episode in the life of a man, but it is the history of the whole life of a woman." Sexual life of woman plays no unimportant role in religion, philosophy, ethics, natural history and hygienics.

The history of her sexual life is the history of civilization.

The sexual life of the female savage is of the lowest possible order and only gradually have we developed to understand the modesty of the young girl, the great estimation in which virginity is held, the chastity of the wife, the rights and duties of the mother and the reverence we pay the matron.

It seems likely that with the leveling tendency of this day we shall retrograde and lose that which it has taken generations to build up.

RENAL TUBERCULOSIS; REPORT OF CASE.*

BY A. HAINES LIPPINCOTT, M. D.,
Camden, N. J.

Tuberculosis occurs in the kidney more frequently than in any other organ of the Genito-urinary tract.

With the perfection of the cystoscope our ideas of tuberculosis of the kidney and bladder were reversed. At one time it was believed that a tuberculosis of the kidney was caused by an ascending infection from the bladder, but it is now known that the opposite is almost invariably the rule.

Primary infection of the bladder is undoubtedly rare. The organism in most cases is carried to the kidney through the blood. The bladder becoming infected through the urine from the kidney above. The brilliant results following nephrectomy is a warning to us to be on the alert, as it has been shown that in the majority of cases in the beginning one kidney alone is affected. Hence the importance of an early diagnosis. The presence of albuminuria, pyuria, hematuria should always lead to a careful microscopic and bacteriologic examination of the urine.

Braasch contends that every case of bladder irritability with pyuria persisting over several months should be considered as

*Read before the Philadelphia Genito-Urinary Society, April 28, 1913.

renal tuberculosis until proved otherwise.

While incipient renal tuberculosis may occasionally recover under treatment by non-surgical methods, such instances are so exceptional that they cannot be relied upon. He quotes the records of 71 unoperated cases to substantiate the statement. As contra-indications to operative procedure he gives: (1) advanced pulmonary infection; (2) multiple lesions of bones, joints or prostatic abscess with perineal fistula; (3) peritonitis; (4) marked bilateral involvement; (5) clinical evidence of renal insufficiency.

Cathelin in comparing surgical and medical treatment, is of the opinion that treatment with tuberculin has not proved valuable and can show no certain scientific or experimental cases. Hogge has tried tuberculin in four cases for periods ranging from three months to one year; he has ing from three months to one year; he has had only bad results.

Kerrsmaecher claims to have treated 650 cases of tuberculosis of the genito-urinary tract; he reports 12 most unfavorable cases in which were noted pyuria, strangury, polakiuria, emaciation, etc. Despite the unfavorable nature of these cases, the patients still under observation present no symptoms or only negligible symptoms. He says that with well applied treatment he has obtained in hundreds of his patients satisfactory results.

Pasteau does not know of any case of renal tuberculosis cured by medical treatment. Laverant does not wish to attack surgical treatment, but says there is a large place for medical and serum treatment which places the patients in better condition, whether they are operated on or not.

Castaigne has records of 112 cases treated medically. Of these 70 were bilateral renal tuberculosis or general tuberculosis. Of 102 patients, 8 appeared cured, 22 showed gradual improvement, 30 only slight improvement, and 42 no manifest improvement. He says if one considers 102 of these patients were unoperable, and that a most grave prognosis had been made in every case, the statistics are really eloquent in favor of medical treatment.

Guiteras in concluding his chapter on tuberculosis says, "I believe there are many cases of tuberculosis of both kidneys in which the process is cured under improved general conditions of treatment and hygiene and consequently increased bodily resistance. I believe that there are patients

with double tuberculosis of the kidney, one organ more involved than the other, in fairly good health and running a slow course, who, if allowed to go on conservatively, under supportive treatment, would survive the disease, through the healthier kidney performing the work for both, while the one more affected would continue to degenerate until entirely destroyed."

These are some of the views I glean from the literature I have at hand. There seems to be a united opinion that in unilateral tuberculosis of the kidneys nephrectomy is the treatment, but a great difference in the views of the efficacy of medical treatment in the bilateral cases. However, it is the bilateral cases that tax our resources and with an idea of bringing out your views, I present this subject with a citation of one case.

A. M., age 23, single, Irish parentage, referred to me by Dr. Schellenger, October, 1911. Measles and whooping cough in childhood. Eight years ago lived with girl cousin who died with pulmonary tuberculosis.

Bladder symptoms began one and a half years ago, with painful and frequent urination day and night. Bladder symptoms increased until she had imperative and very painful urination every one-half hour to an hour. Pain in right loin. Seven months ago noticed blood in urine. Bleeding constantly up to admission to hospital. Lost 22 pounds.

Lungs negative, no glandular involvement. Urine, sp. gr. 1014, slightly acid; small granular and hyaline casts; few epithelial cells; blood and pus. No elevation of temperature. Bladder capacity 4 ounces.

Dry stained specimen of urine contained tubercle bacilli.

No X-ray pictures taken. Von Pirquit test positive. Inoculated animal died in six weeks of milliary tuberculosis.

Cystoscopy: general redness of the trigone with edema, a number of ulcerating points were easily demonstrated.

Right ureteral orifice large rounded; left orifice did not seem to be much changed. Indigo-carmin test: Right kidney secreted stain in 23 minutes; left 21 minutes.

The case was referred to Dr. B. A. Thomas for confirmation of my diagnosis of bilateral renal tuberculosis. Dr. Thomas' functional test with Indigo-carmin gave the same results. We decided that both kidneys were involved and operation out of the question.

I began instillation of corros-sublimate,

urotrophin, fresh air, etc., December 8th, 1911, began weekly injections of tuberculin.

There was a marked improvement in bladder symptoms almost from the beginning. Her dysuria and hematuria disappearing within two months. For several months she would have a slight hematuria the day before her menstrual flow; that has entirely disappeared. She has gained 29 pounds in weight. She has practically taken up her normal life again.

I used Dr. S. G. Dixon's tubercle bacilli extract, giving her one dose a week, gradually increasing dosage. Dropping down to smaller dose if she showed any signs of reaction. She has had 48 doses to date. I am now using his dilution No. 7, containing the extract from sixty milligrams of tubercle bacilli.

Present Condition—Gained 29 pounds; does not have to rise at night to urinate; urinates about four to five times a day; attends to father's ice cream parlor; goes to theatre, dances, etc.

Cystoscopy April 10th, 1913. Ureteral openings show no change; a marked change for the better in bladder mucous membrane; but one ulcer just below the right ureteral orifice. Bladder capacity increased to 12 ounces.

Indigo-carmin secreted from right kidney in 17½ minutes, and from left in 15 minutes, as against 23 and 21 respectively. Urine acid, contains pus, hyaline casts, but no blood.

This is the only case of tuberculosis of the Genito-urinary system in which I have used tuberculin.

It seems to be a striking illustration of a symptomatic cure.

A RETROSPECT.

BY RALPH S. CONE, M. D., Westwood, N. J.

I stood in Wall street at midnight,
As the clocks were striking the hour;
And the moon rose o'er the city
Behind the dark church tower.

I saw in her ghastly glimmer
In the heavens over me,
The hopes of thousands and thousands
Sunk in that aerial sea.

And down in the dim-lit precincts
Of that stone-walled gorge of doom,
I felt I could see their faces
Peering out from the gloom.

Deep down in the night-wrapped canyon
Tall shadows of buildings lay,
And the breezes that crept from the river
Breathed up through the silent way.

And sweeping and eddying onward,
They bore in their swirling tide
Small columns of dust from the pavements,
Then breaking, scattered them wide.

And as the dust clouds vanished
Like the scattered hopes of years,
A flood of thoughts came o'er me
That filled my eyes with tears.

How often, O, how often,
In the days that had gone by,
I had entered this yawning chasm
With young heart beating high.

How often, O, how often,
I had dreamed that a golden tide
Would bear me away on its bosom
To dominions fair and wide.

For my heart was hot and restless,
As my hopes were young and fair;
And the hours of waiting and yearning,
Seemed longer than I could bear.

The moon and its silvery shimmer
And its shadows shall appear,
As the symbol of vanished visions
And of heart strings broken here.

(Adapted from "The Bridge," with apologies to H. W. Longfellow.)

Clinical Reports.

CASE OF TUBAL PREGNANCY; UNRUPTURED AT TERM.*

By DR. WALT PONDER CONAWAY,
Atlantic City, N. J.

The following case from my service in the Atlantic City Hospital I consider of sufficient interest and importance to narrate.

Anna F., colored, age 23, married six years, occupation waitress, was admitted to the Ward on April 1st, 1912, with a diagnosis of abdominal pregnancy at term with a probable dead foetus.

Family History.—Father died of uremia, and mother of pneumonia about eighteen years ago.

Early History.—Had the usual diseases of childhood; menstruated first at fourteen years of age.

Present History.—One healthy child five years old; one abortion at one month, four years ago; and one miscarriage five and a half months, two and a half years ago. She enjoyed good health until pregnant this time. Menstruation always regular except when pregnant. Last regular menstruation was in May, 1911. She experienced a slight flow

*Read before the Philadelphia Obstetrical Society, March, 1913.

in June and July accompanied with severe pain on the right side and low down in the groin. In August the menstrual flow, although slight, was constant and at times very dark color. This flow continued all during the month with pains of cramp-like character always on the right side, low down in the abdomen and extending down the right leg. She experienced the usual signs of pregnancy since June. She felt life in September. From October to March these attacks of cramp-like pain in the lower right quadrant of the abdomen continued intermittently once or twice daily, lasting from a few minutes to several hours. The discharge continued irregularly. In January and February she was obliged to remain in bed on account of the severity of the pain. During all this time there was a gradual enlargement of the abdomen which, to her, seemed the same on both sides. About the first of March, the fetal movements which had been much stronger than usual with her, seemed to cease entirely.

She was admitted to the Hospital on April 1st with a temperature of 103, and a history of daily chills and fever for about a week. There was a brown foul smelling vaginal discharge. No fetal heart sounds could be heard. I advised operation for removal of a dead fetus. On opening the abdomen, I found an enormously distended right tube which was very adherent on the right side to the parietal peritoneum, and to the broad ligament, but perfectly free on the left side. There were no adhesions to the omentum or mesentery. The uterus was slightly enlarged and there was a marked lateral displacement to the left side. The left tube and ovary were apparently normal. The right ovary was enlarged, cystic and easily removed with the ovisac. After freeing the peritoneal adhesions, the ovisac which consisted of the right tube was ligated and easily removed. There was little or no hemorrhage and no evidence of previous hemorrhage. This ovisac bore the same relation to the uterus, ovary and broad ligament as does a hydrosalpinx. The contents of this tube were a perfectly formed dead foetus which weighed six and three-quarter pounds. A placenta which weighed three and a half pounds, and about two quarts of thick slightly greenish fluid. The placenta was attached to the posterior surface of the sac, and between the layers of the broad ligament. The placental vessels were thrombosed. The ovisac was very thin and perfectly intact until easily ruptured in freeing the adhesions. The abdominal cavity was

flushed with normal saline solution, drainage inserted in the lower part of the wound, and the incision closed with through and through sutures of silk-worm gut.

With the exception of an evening rise of temperature for several days, the patient made a uninterrupted recovery, and left the Hospital in three weeks in very good condition.

Bilateral Edema of the Ethmoidal Septum in Sinus Suppuration.

Dr. D. McKenzie, in proceedings of the Royal Society of Medicine, reports the case of a young man who illustrated a type of septal edema. The ethmoidal portion of the nasal septum on both sides presented a smooth, rounded and boggy swelling, which on the right side was so considerable as to occupy the whole of the upper meatus of the nose. Microscopical examination showed that the swelling was due to simple inflammatory edema.

Intrauterine Uveitis.

Dr. W. C. Posey, at a meeting of the Wills Hospital Ophthalmic Society, Philadelphia, showed a baby with congenital pseudoglioma in one eye and coloboma of iris with ophthalmoscopic signs of an old choroiditis with secondary atrophy of the optic nerve in left eye. Conditions were present at birth, eyes being free from signs of inflammation at that time. Dr. Posey attributed the condition to an inflammation of the mesoblastic tissues concerned in the formation of the embryonal eye, in consequence of syphilis in mother. Condition of pseudoglioma which existed in right eye was, in his experience, unique.

Sympathetic Optic Neuritis.

Dr. S. D. Risley, at a meeting of the Wills Hospital Ophthalmic Society presented a boy, aged 7 years, who had received a blow from a fragment of wood on the left eye. He was seen on October 8, 1912, because of failing vision in the injured eye, when the lens was found swollen and gray. There was some tenderness of the ball to palpation and slight ciliary injection. The right eye was healthy.

With the use of atropin locally the injection of the ball rapidly subsided, but the lens became opaque throughout. On October 9 a discission was made and later soft lens substance evacuated. The operation was smooth and without unusual incident. A week later there were adhesions between pupillary rim of iris and lens capsule, and the anterior chamber was deep, the iris being apparently drawn back by the synechia.

In December, boy complained of seeing badly with right eye, which was at first thought to be due to refractive error (plus 2.50 cyl. ax. 80°) but after careful correction vision was found reduced to 6/xxx and the field of vision concentrically contracted to approximately 30° at its widest part. Optic nerve was a gray red, slightly swollen and its margins veiled. There were no demonstrable macular changes and if

there were scotomata they were not recognized by the boy.

On December 20 a Muhle's operation was performed on injured eye, care being exercised to remove every vestige of the uvea and a snugly fitting glass ball inserted. Convalescence was rapid and uneventful. The field of vision had markedly increased on January 2 and was typical normal field on January 7, 1913; central vision with the correcting glass was 6/1x.

Optic neuritis had entirely disappeared, fundus and nerve presenting the appearance of health. Dr. Risley presented the case as one of transferred or sympathetic optic neuritis, which had in his experience been very rare.

Dr. Zentmayer had seen two cases of sympathetic neuritis, one following a gunshot wound of eye. Here there was a very pronounced neuritis and the case ran a protracted course but result had been very good. In the second case there had been an extensive cut of the cornea with traumatic cataract. Neuritis was of a moderate degree but it ran a long course and terminated in full recovery.

Hemorrhage from the Middle Meningeal Artery.

Dr. W. W. Keen, Philadelphia, reports this case in the A. M. A. Journal:

A young midshipman at Annapolis was injured in a football scrimmage. I first saw him three days after the occurrence of the accident. His mental condition at that time was very dull, his headache was severe and he had had convulsions, chiefly in the right arm, though the right leg and entire side had been involved to some extent. Disregarding a bruise, the only physical evidence of injury. I opened his head, November 19, 1902, about 3 inches away from the bruise, and removed nine tablespoonfuls of blood. He made an excellent recovery and, in spite of my injunction to drop back one year in the Academy, he studied extra hard, made up all his lost time, graduated with his class and entered on his career as an officer in the Navy.

January 10, 1909, over six years after the accident, he was examined for life insurance by Dr. Julius F. Lynch, of Norfolk, Va. Dr. Lynch writes me, "I recommended his as a first-class risk and the policy was issued promptly."

A little over a month after the policy was issued he was killed by an explosion in a coal-bunker on the man-of-war then lying in the harbor of Naples. He knew the danger he ran in entering the bunker where there was believed to be a fire, but gallantly faced it, forbidding the men to enter until he himself had explored it.

The surgical interest of the case lies chiefly in the excellent physical condition found after so long a period subsequent to such a severe cerebral injury.

Fibro-Angioma of the Orbit.

Dr. Otto Shirmer, of New York, reports the following case in American Medicine:

The patient presented, 30 years of age, was operated on one year ago for retro-bulbar tumor. Although an absolutely healthy man, he complained of invision of the right eye and occasional diplopia for six months and for the past few weeks of increasing protrusion of the eye-ball.

There was exophthalmos of about 6 mm.,

the eye being protruded forward and a little outward, that is, in the axis of the orbit. The eye could not be pressed backward, no pulsations could be felt, no murmurs could be heard. The mobility in every direction seemed to be perfect; nevertheless there was diplopia in the periphery upward and outward. Vision was reduced to 1-5, but the visual field was normal. There was moderate papillitis.

Though X-ray pictures showed no tumor, and though no tumor could be felt, there could be no doubt that there was a retrobulbar tumor situated within the muscle funnel, not starting from the optic nerve. Whether it was benign or sarcomatous could not be made out with certainty. There certainly was a chance to save the eye and I therefore decided upon the temporary resection of the temporal orbital wall by the Kroenlein method.

On March 4th, 1911, a big flap was formed containing skin, muscle and bone. This flap being turned outward I gained access to the apex of the orbit where I felt a round smooth, rather firm tumor of nearly the size of a walnut. It was attached by a small pedicle to the inner orbital wall. I succeeded in detaching it from its surroundings and delivering it in toto. The orbital wall was replaced and the wound sutured. The recovery was uneventful.

To-day the scar is scarcely visible, the eye is in a normal position, its mobility nearly perfect, the sight normal. There is no danger of a relapse as the tumor turned out to be a fibro-angioma.

Primary Tuberculosis of the Middle Ear.

Reported by Dr. C. H. Long at the Chicago Laryngological and Otological Society.

The case reported was that of a healthy child, female, 11 months of age, who had suffered ten months from a discharge of the ear. Examination proved the presence of tubercle bacilli in the discharge. The radical operation was performed, which was followed by a perfect recovery.

Conclusion that the disease was a primary infection:

1. Age of child at period of onset.
2. No other tubercular focus.
3. No tubercular diathesis.

The probable avenue of inception of the disease was the Eustachian tube, and the case being a surgical one suggested the bacillus of bovine type.

Dr. G. E. Shambaugh cited a case of a young child less than two years of age, who suffered from primary tuberculosis of the middle ear with an involvement of the glands of the neck. The diagnosis was based on the clinical history and the microscopic findings of tissue removed from the middle ear. The child's general condition was good and by removing repeatedly the granulations as they formed in the tympanum the middle ear trouble finally subsided, when the enlarged glands of the neck were also removed.

Dr. Joseph C. Beck reported a case of tuberculosis of the ear in a girl aged 12 years, who had a chronic suppuration for a number of years in which the culture was negative as tuberculosis. He did a radical mastoid. She had had previously a simple mastoid for this condition and the suppuration continued, so he did a

radical mastoid, examined the bone chips, and has some beautiful specimens of bone tuberculosis. This case recovered after the radical mastoid. It would have added to Dr. Long's case had he examined the granulations and the mastoid bone chips removed for tuberculosis.

Brain Abscess.

Dr. George M. Coates, in discussing a paper by Dr. C. P. Grayson at the Pennsylvania State Medical Society meeting on the Exploratory Opening of the Sphenoid Sinus, reported this case:

My patient, a woman of thirty, had had symptoms of sinus trouble for about three years. I first saw her in May, 1911, when she was suffering a great deal and a diagnosis of pansinusitis of the left side was made, but operation was refused until the following January, when her headaches became unbearable. I then exenterated the left ethmoid and ablated the anterior wall of the sphenoid intranasally, which gave her complete relief for a month or more. After that the headaches returned with a discharge of pus from the nasofrontal duct. She again declined an external operation and enlarging the duct gave no relief. I did not see her after that for several weeks when I was called to her home and found her in a semicomatose condition. She remained this way for two weeks, having refused operation, and being treated by her attending physician for hysteria. I next saw her when she was sent in to the Pennsylvania Hospital and the diagnosis of brain abscess of nasal origin, made previously, was now unmistakable. There were semiconscious, active reflexes, no Kernig's sign or other symptoms of meningitis, incontinence of urine and feces, intense headache when aroused, photophobia, marked choked disk in left and beginning in right; left pupil dilated and inactive, tenderness over left frontal, subnormal temperature and slow pulse. Wassermann reaction was faintly suggestive, though no history of lues was obtainable. I operated at once, preparing to do the radical Killian operation but was balked at the outset by finding no trace of the frontal sinus on the left side so that what had appeared to be a nasofrontal duct must have been the opening of an orbital ethmoid cell which had been missed at the previous operation. However, the meninges were exposed and the frontal lobe probed unsuccessfully after which the temporo-sphenoidal lobe was also searched, without result, through a trephine opening. She died some hours later. At autopsy an abscess containing an ounce of pus was found located in the anterior half of the left frontal lobe, which my probe had just barely missed. It had a well-marked wall and had evidently been forming for a considerable time. It lay over the left olfactory bulb and the left optic nerve which accounted for the eye findings. From the history of the case I think this abscess had its inception before the first operation. There was a latent stage for a month or more following the operation when the patient was free from pain. After this third stage was reached, the manifest stage, with pressure symptoms and ultimate death. I am inclined to think that the infection was blood-borne as there was no localized meningitis, epidural abscess, fistulous tract or carious bone to denote extension by continuity.

Case of Extreme Cardiac Hypertrophy.

Dr. Alfred Meyer presented this case: The patient was a woman, twenty-two years of age, an embroiderer. A point of special interest was that when twelve years of age, ten years ago, she was admitted to the old Mt. Sinai Hospital because of cardiac disease. She had measles at the age of one year, scarlet fever at the age of six, general edema lasting five months at the age of ten. On admission in October, 1903, she had an endocarditis. This patient had a mitral stenosis and insufficiency, and aortic stenosis and insufficiency, with edema of the eyelids and legs. The sub-maxillary, the post-cervical, and axillary glands were enlarged as were also those in the groin. The liver was much enlarged. She had cardiac palpitation, precordial distress, daily pains in the left shoulder, and slight dyspnea. There was no cough or expectoration. She had no appetite and was nauseated at times. There was no vomiting, no edema of the legs, no headache, or other symptoms. A second point of special interest was the excessive size of the heart. In the second interspace it extended two fingers to the left of the sternum; the left border was two fingers breadth beyond the nipple line; the right border of sternum; the apex was seen and felt in the sixth space one and one-half fingers outside the nipple line. There was a double thrill at the apex, a double murmur at the apex, a double murmur at the base with systolic nodding of the head. A third point of special interest pertained to the diagnosis, comparison of the old and the newer methods, that was, the old method by percussion and the modern ones by fluoroscopy and skiagraphy. This was about the largest area of dullness due to mitral hypertrophy Dr. Meyer had ever encountered. The heart was enormously enlarged and especially on the right where it was increased beyond the right nipple. This case showed how easily compensation occurred; there was only a suggestion of dyspnea, practically no edema, and only a slight hepatic enlargement. Dr. Meyer called attention to the fact that the patient had scarlet fever when six years old and also a dropsy which lasted four months, and whether at this time there was an endocarditis or not, no one could say. There were fully developed lesions of both valves.

Congenital Fusion of the First, Second and Third Dorsal Vertebrae and Ribs.

Dr. Robert Abbe, of New York, reported this case at the Practitioners' Society of New York, April 4, 1913.

He said the patient was a young man of 18 years. He had had a fall two years before, but noticed no trouble and was perfectly well. About a year previously he noticed a swelling over the clavicle which was diagnosed as a sarcoma. This was a very grave matter for his family, who were distressed beyond words. They came to Dr. Abbe to see if anything could be done for the sarcoma. Photographs showed the clavicle raised one and one-half inches above the normal place, and above the clavicle a mass of hard bone developed. There was a slight curvature of the lower part of the neck. A possible fracture was thought of, but this idea was abandoned. Diagnosis of a supernumerary cervical rib was made, and an x-ray picture showed the following unusual condition:

There was an abnormal partial development of three cervical vertebra, and three ribs were fused together. Two ribs formed a Y-shaped development. The seventh cervical was normal, but the first, second, and third were fused together. Ribs 1 and 2 were fused into one; and 3 and 4 fused into one at the spine. On the other side 1 and 2 were fused, but 3 sprang into an arch and fused further out from the spine. The condition was entirely a congenital defect, and not at all common. In the picture one cervical vertebra looked as if it had been fractured, but that was due to development. The supraclavicular space was filled with a hard mass of fused bone. Growth of the lower spine had caused distortion of the fixed ribs and clavicle. The normal, rapid development of the young man had caused the distortion to appear very recently. The serious suspicion of bone sarcoma was thus corrected by well-taken radiographs, greatly to the relief of the family.

Bilateral Congenital Displacement of the Upper Ends of the Radius and Ulna.

Dr. L. H. McGavin in the proceedings of the Royal Society of Medicine, reports the case of a female child, aged 8 months, in which the deformity was noticed a fortnight after birth. Both arms were rotated internally, so that the thumbs pointed backward, and the palmar surfaces of the hands faced outward. Supination was possible only through a quarter of a circle with the elbows flexed. A skiagram showed transposition of the heads of the radius and ulna; the radius articulating with the trochlea and the ulna with the capitellum. There was no history of deformity in any of the other members of the family.

Fulminating Osteomyelitis of the Tibia.

Reported by Dr. H. G. Wetherill, Denver, Colo., (formerly of Trenton, N. J.), in a paper on "The Growth, the Death and the Regeneration of Bone," in The A. M. A. Journal, March 20th.

The osteomyelitis was of the left tibia in a boy aged 6. In August, 1911, the abscess was incised and drained by the surgeon. In November of the same year the patient came under Dr. Wetherill's care and was sent to the Children's Hospital in Denver. It was apparent that there was extensive death of the bone involving the shaft from near the upper epiphysis to the junction of the middle and lower thirds.

On November 21, 1911, he was operated on and the dead bone removed. The necrosis extended to the upper diaphyseal cartilage. The periosteum was not destroyed and was pushed aside to receive the bone wax. The periosteum and the muscles were then stitched over the wax with fine catgut and the skin closed over all with small openings to provide for drainage.

The general health of the boy improved at once though the sinus discharged more or less pus and portions of the wax were pushed out by the growth of the granulations going on beneath it, but after many months had elapsed, it was evident that no union of these fragments could occur without intervention.

On July 1, 1912, a skiagram was made showing a small portion of the bone wax sinus as shown on the cut exhibited. Later the same day the sinus was spooned out thoroughly, the remainder of the wax removed and the sidewalls of the cavity containing it thoroughly scraped and steril-

ized by an application of pure phenol (carbolic acid). Prompt healing of the sinus resulted.

September 28, 1912, all infection in the leg having disappeared, an operation for grafting a segment from the opposite tibia into the gap was undertaken. The space was opened and the periosteum denuded from both the upper and lower fragments. The medullary canal was excavated to the depth of half an inch in the upper fragment and it was my purpose to do the same with the lower fragment, its oblique end, however, appeared so favorable for freshening and splicing the graft on in such a way as to bring broad surfaces together that this plan for making the union was adopted. The graft was $3\frac{1}{2}$ inches long, five-eighths inch broad and about three-eighths inch thick. It was taken without periosteum. The periosteum was regarded as being of more importance in protecting the sound tibia from infection and overgrowth than in the regeneration of the defective tibia. This slab of bone was driven into the excavation in the head of the tibia and secured by a silver-plated wire brad five-eighths inches long. The lower end was spliced to the freshened oblique surface of the lower fragment to which it was nailed with a similar brad and wired with two loops of phosphor-bronze wire. The muscles were approximated over the graft with catgut and the skin closed with fine silkworm gut over all.

The subsequent course of the case was attended by a slight evening rise of temperature. This was explained by a low-grade infection about the lower end of the graft which made the subsequent removal of the phosphor-bronze wire and the nail necessary. The use of the wire was a mistake. The infection did not, however, impair the vitality of the graft or prevent firm union between the graft and either the upper or lower fragment. Indeed, the union at the lower end seemed to be firmer and stronger at the time the wire was removed, about three weeks after the operation, than that at the upper end, and of the two methods of making the contact, I believe that the oblique splice is preferable when the ends of the bones are conical or otherwise adapted to this method.

After eight weeks the tibia was firm, fairly uniform throughout, and larger in diameter over the graft than the right tibia, though no defect could be detected by palpation at the site from which the graft had been removed from the right leg.

In the May 17th issue of the A. M. A. Journal, Dr. Wetherill says: I have been reminded that few attempts have been made to transplant grafts en masse in human beings, without periosteum, and that of these many have failed. It has been pointed out that a roentgenogram made four weeks after operation is not evidence of success, and grave doubt is expressed regarding the satisfactory termination of this attempt to reproduce the bone under such circumstances.

Anticipating that the same doubts may have arisen in the minds of many other readers of The Journal from whom I have not heard, I should like to say that at this time (six months after the operation) the patient is walking without crutches and is wearing no splint or cast, and that the shaft of the bone at the grafted point feels and appears larger in diameter than the tibia of the opposite leg.

Remarkable regeneration of this bone is shown after only six months of growth, and it is fair to assume that by the end of a year the bone will be satisfactorily reproduced.

Abstracts from Medical Journals.

Epileptiform Attacks After Salvarsan.

F. Lube describes a case of his own and cites twenty-four others from the literature in which injections of salvarsan were followed at periods varying from three days to three months by epileptiform attacks with the clinical picture of cerebral intoxication. He thinks the attacks were due to the salvarsan, but is unable to explain why certain individuals should be affected in this way while others are not. His report appeared in the *Dermatologische Zeitschrift*, 1913, xx, 8.

Aural Vertigo.

Dr. R. Lake, in the *Lancet* London, deals with these cases under the following grouping, not as a final solution of the clinical problems, but as a basis on which to start. 1. Peripheral causes: (a) Chronic progressive middle-ear deafness; (b) hemorrhage into labyrinth and embolism; (c) traumatism. 2. Aural vertigo due to altered state of blood-pressure: (a) increased blood-pressure; and (b) diminished blood-pressure. 3. Aural vertigo due to general systemic causes: (a) leukemia; (b) occasional; (c) with ocular symptoms; (d) specific; (e) cerebral anemia. Chronic progressive middle-ear deafness and arteriosclerosis are, according to his investigations, the most frequent causes of aural vertigo, and fortunately one finds that a large amount of benefit can be derived from the use of drugs in these cases, though by no means all of them are capable of this relief. Operative interference is justified, and where it is used it should be uniformly successful.

The Treatment of Typhoid Fever.

Dr. O. H. Brown, St. Louis, in *The Interstate Medical Journal*, May, 1913, closes his paper with the following summary and conclusions:

1. The ideal prophylactic treatment of typhoid is the proper disposal of human excreta. Inoculation of dead typhoid bacilli are of very great importance in preventing typhoid and should be used wherever there is suspicion of danger.
2. Inoculations of dead typhoid bacilli are of pronounced benefit in dealing with typhoid carriers and preventing relapses during the course of an attack of the illness.
3. A specific serum of practical value is yet to be found. The results thus far obtained are encouraging.
4. Frazier has recently reported that he aborted 6 cases of typhoid fever with large doses of ipecac administered in salol-coated capsules.
5. The diet in typhoid fever should consist of a small amount of protein, a small amount of fat, and a large amount of carbohydrate. The preferable protein food is milk and albumin water. The preferable fat is cream, and the preferable carbohydrate is lactose. A pound of the latter may be administered in twenty-four hours.
6. The above diet should reduce the grade of toxemia and should maintain the patient's weight, and should therefore increase his immunizing power.
7. The typhoid patient should be regularly given copious supplies of water. Cracked ice may be taken continuously during waking hours.
8. Pyrexia may often be controlled by keeping

the patient in a cold room where the air is kept freely moving, and by keeping the patient very lightly covered. Arms and legs may require heavy covering.

Injections of Alcohol for Trifacial Neuralgia.

Dr. Shirres reports excellent results in a series of 102 cases. He says that in a large majority of his cases he can promise relief from pain for three or four years and often longer, if the treatment is properly carried out. In none of his cases has serious or permanent injury followed the treatment. Six injections was the rule, but some cases received eight and rarely ten. General anesthesia was rarely resorted to. Shirres believes it best to inject not only that division of the fifth nerve in which the pain is felt, but the other two as well, in order to prevent reflex neuralgia. The author attributes his good results to the fact that he is careful in choosing his cases, refusing to inject in those cases in which the neuralgia is due to organic nervous disease, sinus trouble, migraine, tumor, etc. The author gives a brief description of the method of injecting the alcohol.

A Study of 212 Cases of Cancer of the Uterus With Special Reference to Early Diagnosis.

Dr. George Kamperman, Ann Arbor, Michigan, in the *Michigan State Medical Journal*, in an article on these cases, draws the following conclusions:

In five-sixths of all the cases of cancer of the uterus the disease is primary in the cervix, and in one-sixth of the cases it is primary in the fundus.

The age limit of carcinoma of the uterus is wide, from 28 to 75 years. The average is 48 years.

Carcinoma of the cervix occurs most frequently between 35 and 55 years of age; carcinoma of the fundus between 45 and 65 years of age.

Carcinoma of the fundus develops over a larger range of years than carcinoma of the cervix.

Patients with cancer of the cervix present a history of child-bearing in 92 per cent. of all cases. Among patients with cancer of the fundus the percentage is 72.

Cancer of the uterus, although more common in parous women, may develop in nulliparae.

The early diagnosis of carcinoma of the uterus depends on giving close attention to the earliest symptoms. An increase in bleeding in a woman approaching the menopause demands a careful investigation and a microscopic examination of tissue from the cervix and fundus.

The first symptom of carcinoma of the uterus in 73 per cent. of cases is an increased menstrual or an irregular intermenstrual discharge of blood.

Watery and foul discharge and pain are symptoms occurring at a later stage of the disease.

Carcinoma of the uterus occurs in many healthy and robust looking women. Cachexia occurs only in advanced stages of the disease.

The radical abdominal operation offers the only absolute cure for carcinoma of the cervix. Carcinoma of the fundus can be cured by a less radical operation.

In inoperable cases temporary relief can usually be secured by a palliative operation.

Most of the patients afflicted with this disease die either from some terminal infection or from uremia.

Cancer. "Danger Signals."

Extracts from an article in the Bulletin of the Kentucky State Board of Health, on "Public Stupidity in Cancer Increase."

The census reports of Great Britain show that, while population in that country doubled between 1850 and 1905, cancer mortality increased six times.

In the United States, the mortality rate from the disease has risen steadily, systematically, continuously, from 9 per one hundred thousand of living in 1850 to 36.1 in 1880, to 49.1 in 1890, to 60.0 in 1900, to 73.1 in 1907, to 74.3 in 1908, to 77.0 in 1909. There were seventy-five thousand registered deaths from cancer in 1909, representing, it is said, but two-thirds of the actual number of deaths—many having been assigned to secondary causes to save the feelings of the victims' families—and indicating the existence of three times as many more still surviving cases.

It is significant that while all parts of the body have shared in the increase, the rate for external cancer has been much higher than for internal cancer; and still more amazing that in spite of the ready diagnosis and easy accessibility to surgery of skin cancer, there should have been a fifty-per-cent. increase in mortality from superficial skin cancer in the short space of eight years.

The following "danger-signals" as regards susceptible localities for cancer, outlined by the eminent English surgeon, Child, are regarded as classic in pointing to conditions calling for immediate action:

1. Cancer of the Breast.—Here the danger-signal is a small lump or thickening of any kind. In a woman over thirty-five years old, this lump is a cancer from the start in at least ninety per cent. of cases. In a woman of any age the finding of any lump in the breast should be immediately followed by its removal.

2. Cancer of the Uterus.—The danger-signal here is any irregular bleeding, especially after the menopause, or the onset of a discharge in a woman who has been free from it previously, or the change in character of a previously present discharge so that it becomes more profuse, more foul, or more irritating.

3. Cancer of the Lip, Mouth and Tongue.—The danger-signal here is a little wart or sore that will not heal.

4. Cancer of the Skin.—The danger-signal here is any sore that will not promptly heal or any wart or mole which suddenly begins to grow rapidly.

5. Cancer of the Stomach and Intestines.—Here the danger-signals are not so apparent as on the surface of the body. After forty years of age the onset of obstinate indigestion, persistent colicky pains in the abdomen, persistent diarrhea, and especially vomiting of blood or the passage of blood in the stools, are the danger-signals and their real cause must be determined at once.

All of these danger-signals, in whatever portion of the body appearing, become of greater significance as age advances. In a person over forty years old, any of them may mean cancer.

It is, of course, the duty of the family physician to see that these signals are properly in-

quired into and diagnosed by competent experts, and if the ruling is cancer, to insist—not merely advise or suggest—that the patient submit to proper treatment.

"Proper treatment," as will be explained herewith, need not signify, under all conditions, a knife operation. Indeed, it would seem to be the prophecy of developments and opinions in the highest quarters of cancer practice and research that the knife is to be but one of many effectual weapons used in the warfare against cancer, and by no means its highest tribunal.

This does not mean that surgery is not and will not always be of paramount importance wherever a huge mass of poisonous material must be removed from a system incapable of eliminating it by the natural channels. But cutting alone is not sufficient. Other agents are coming into use as adjuncts to the knife, and as substitutes, which accomplish the destruction more completely, cut off all possibility of recurrence, and make of cancer treatment a far more adequate, exhaustive and dependable science.

Syphilis of the Stomach.

Dr. Jerome Meyers, of Albany, N. Y., in the Albany Medical Annals, reports an interesting case of a man aged 24, with a tuberculous family history. He had had syphilis five years ago, but had received conscientious mercurial treatment for four years. His present complaints are great and rapid loss of weight, night-sweats and severe pain in the epigastric region after eating. Examination revealed a mass in the region of the stomach; normal test-meal, normal feces strongly positive Wassermann reaction. On appropriate anti-syphilitic treatment, the mass rapidly disappeared and the patient's health returned.

The author has collected between 50 and 60 cases of gastric syphilis and from a consideration of these cases concludes as follows:

1. It is a rare manifestation of syphilis, congenital or acquired, occurring mostly in males, especially in the fourth and fifth decades, but also at almost any age.

2. Its pathology is characterized by (1) multiplicity of lesions in many organs, (2) by variety and plurality of lesions in the stomach itself.

3. Its symptomatology corresponds to the pathological findings; it presents no unanimity of symptoms.

4. There are four symptoms which are, however, fairly common, singly or combined. They are (1) pain, especially immediately after eating, (2) emaciation, (3) tenderness, (4) hemorrhage.

5. Clinically, we should not divide cases of gastric syphilis too strictly, as an exact diagnosis of the form of lesion is often impossible, except by operation or autopsy.

6. We may classify syphilis of the stomach under (1) ulcer in any part of the stomach and its results, (2) gumma in any part and its sequela, as a tumor, (3) widespread infiltrations of gummatous or more fibrous character leading to deformity, cicatrization, or involvement of the peritoneum or neighboring organs, (4) a combination of two or more of these.

7. The diagnosis is extremely difficult as a rule. If there be a clear history of syphilis,

or if the Wassermann is positive, the diagnosis should be comparatively simple.

8. The proper diagnosis is extremely important, as exitus may occur through hemorrhage, inanition, or stenosis, when timely intervention could have cured. Even when properly diagnosed, many of the cases have suffered delays through false diagnosis and treatment.

9. Any form of mercury or the iodides give as brilliant results as arc to be found in the practice of medicine.

Solid Food After Operation.

The question of when to allow a patient solid food after an operation on the intestinal canal is an important one. The answer should be: Not until healing has occurred. We have no evidence to show that wounds in the bowel heal more rapidly than wounds on the surface of the body, and here in clean wounds at least ten days are allowed for good healing. But wounds in the bowel are not clean wounds. It is therefore reasonable to suppose that they should require longer to heal. While it is true that the suture line on the peritoneal surface is soon covered over with fibrin and that healing on this surface is by first intention, inside the bowel all is different and here we have healing by second intention. Wait at least three weeks, and if then there be blood in the stool after solid food has been begun or if the patient's temperature rise, discontinue it. After a clean case of appendectomy the patient may eat almost any kind of solid food in ten days.

If you have had an abdominal pus case, allow no solid food while drains are in place, nor for four days after their removal. If the temperature has remained normal for four days, and no other contraindication exist, allow solid food sparingly at one meal. Wait till that meal has had time to pass before trying the next. An elevation of more than one degree should be a sign to return to liquids only but "no milk."—Dr. W. T. Coughlin, St. Louis.

Serum in Cases of Persistent Bleeding.

One hears a good deal of the benefit derived from the use of serum in cases of persistent bleeding, e. g., in the newborn, the icteric, and in hemophilia; and many such cases successfully treated have been reported. The trouble is that many of our readers are so situated as not to be able to procure at once horse-serum when they want it. Diphtheria antitoxin has been used, but has never become popular. Should you be unable to procure the horse-serum, try human blood. Do not try to make a serum from it. With a sterile syringe draw blood, 15 to 30 c.cm., from a vein of father, mother, sister or brother of the patient and at once inject it into the subcutaneous tissue of the patient. You may repeat the procedure in eight to twelve hours and you will hardly have to use more than three injections.—Dr. W. T. Coughlin, St. Louis.

Significance of Pain in the Shoulder.

Pain in the right shoulder, says Dr. McGuire, in the Buffalo Medical Journal, is very frequent in diseases of the gall-bladder, liver, and duodenum, because of the connection between the phrenic and the supracapsular nerves. Pain in the left shoulder goes through the sympathetic pneumogastric nerve. This nearly always means an involvement of the pylorus, either with ulcer involving the peritoneum or in the gall-bladder adhering to this region.

Reports from County Societies.

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular May meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Friday evening, the 9th, at 8:30 o'clock.

Dr. Lewis Gregory Cole, of New York City, read a paper "The Diagnosis by Serial Radiography of Gall Bladder Disease with and without Calculi."

Mr. Carlton Geist, of the Atlantic County Gas Company demonstrated the "Pulmotor."

BERGEN COUNTY.

Fred. S. Hallett, M. D., Secretary.

The regular monthly meeting of the Bergen County Medical Society was held in Elks' Hall, Hackensack, May 13, 1913, at 8:15 P. M. the president, Dr. F. C. Bradner, of Englewood, in the chair. Twenty-seven members were present:

The scientific program was as follows:

Dr. William M. Leszynsky, of New York City, gave a very instructive talk on "Lumbar Puncture." The doctor laid stress on technique, its diagnostic and remedial value. Dr. J. Finley Bell exhibited some slides of diphtheria bacilli from a little girl. The bacilli were found in discharges from a mastoid, empyemic nose and throat.

BURLINGTON COUNTY.

Next meeting second Wednesday in June.

CAMDEN COUNTY.

Albert B. Davis, M. D., Reporter.

Down here along the banks of the Delaware it seems that "in the spring the doctor's fancy lightly turns to thoughts of shad," for the Camden County Medical Society have apparently acquired the habit of making the chief business of the spring meeting a planked shad dinner. This year was no exception and the dinner was provided at Washington Park on the Delaware.

Before the dinner a short business meeting was held and three new members elected. They are: Dr. Meyer Segal, Dr. Ralph J. Iszard, and Dr. Arthur J. Casselmann. After this Mr. Harry Ellis, a district superintendent for the Public Service Gas Co. gave a very good demonstration of the pulmotor. He explained and illustrated thoroughly the working of the machine, and the members of the Society were enabled to examine it at close range. The Gas Company keeps this machine for its own use in resuscitating employees overcome by gas, but they have generally placed it at the disposal of the physicians of the county for use in any emergency case within the limits of territory supplied by the company's gas service, the company delivering the machine.

The dinner was very good, and one of the popular and up-to-date direct-to-consumer variety, for the shad were pulled out of the river scarcely an hour before being served. And, that every member might enjoy it to the full undisturbed by such harassing thoughts as what to reply to some foolish after-dinner toast, speeches were omitted.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Medical Society held a special meeting on April 29th, pursuant to their action at the annual meeting in April, calling for such a meeting to consider "whether dairy products other than milk do not demand from the medical profession, not only recognition that they are badly contaminated and impure, but decisive action toward reformation by a thorough investigation and then legal procedures by local and State means." The meeting was attended by representatives of the Milk Commission, the Boards of Health of Newark and Orange and others. A long preamble and resolution was discussed and finally a committee voted to be appointed by the president which should investigate the matter and report back with recommendations.

The 31st annual meeting of the Society for Relief of Widows and Orphans of Medical Men of New Jersey, was held in Newark on May 14th. The treasurer reported disbursements to beneficiaries, \$2,399, an average to each recipient of \$286. There are 384 members, 11 new and 8 lost by death. Dr. Edward J. Ill was elected president and Dr. Norton L. Wilson, vice-president; other officers unchanged.

The Academy of Medicine of Northern New Jersey met on May 21st in annual meeting to hear the address of the retiring President, Dr. E. J. Ill, whose topic was "Obstetrics and Gynecology in the History of Our Race." This is the meeting at which the officers and committees' reports are read. The section on Medicine discussed Syphilis, May 13th. It was a symposium, as follows: "Its Diagnosis and Modern Treatment," by Dr. Wallhauser; "Municipal Control," by Dr. Connolly; "Technic of Laboratory Methods," by Dr. Martland.

The newly adopted propaganda of the Newark Board of Health on opening a public clinic for diagnosis (by Wassermann reaction) and treatment, and the debated question of reporting cases were matters discussed, the blanks prepared for the purpose being shown, also a wall card for use in public comfort stations or other places, aiming to counteract some of the evils of quacks' advertisements. The whole subject of Sex Hygiene and Education is very much to the front among all people. The Y. M. C. A. boys' department, recently had a conference, with visiting leaders in the movement, and representatives of the medical profession and of the schools to make progress in instructing and saving the boys. The Board of Health has a special committee on Sex Hygiene. The Academy of Medicine Council has appointed Dr. W. S. Disbrow Executive Librarian, and Dr. E. W. Sprague Statistical Secretary, and the president has named the following Committee on Public Health: Drs. Julius Levy, E. J. Ill, Wm. Buerman, G. J. Holmes, F. W. Pinneo and Wm. Freile. The section on Eye, Ear, Nose and Throat meets May 26th to hear a paper by Dr. C. W. LeFever, of Philadelphia, on "Myopia." The section on Gynecology meets May 29th with discussions on interesting cases by Dr. C. Griffiths, Dr. W. E. Doremus, Dr. Victor Parsonett, Dr. S. E. Robertson, Dr. R. G. P. Dieffenbach and Dr. J. F. Hagerty. The section on Pediatrics met

May 1st and heard presentation of interesting cases by Dr. Julius Levy and Dr. Arthur Stern.

The Essex County Pathological and Anatomical Society at the regular meeting May 8th (the last till autumn) presented the following program:

Case Reports.

1. Two cases of tumor of the pituitary gland. Status Lymphaticus, with criminal tendencies. (Sudden death under anesthetic). Dr. Wells P. Eagleton

Specimen Presentation.

1. Congenital Cysts of the Kidney..... Dr. Edward Staehlin
2. Corrosive Esophagitis following Oxalic Acid Poisoning Dr. Hugh Cook
3. Pyonephrosis, due to Calculus..... Dr. H. B. Epstein
4. Branchial Cyst, Glandular Cyst of Antenatal Origin Dr. Carl Sutphen
5. Cervical Stump following Hysterectomy, Dr. Edward J. Ill
6. Adenocarcinoma of Caecum..... Dr. E. Zeh Hawkes

7. Papillary Cyst—Adenoma of Mammary Gland. Two specimens of Renal Tuberculosis Dr. Edgar Ill
8. Productive Sclerosis of Liver, with extensive Bile Inhibition, due to Productive Pancreatitis. Carcinoma of Liver Dr. F. R. Hausling
9. Syphilitic Laryngitis. Foreign Body in Larynx. (screw). Encephalomalacia due to arterio-sclerosis. Thrombosis of Abdominal Aorta. Productive Nephritis. Hypertrophy of Prostate with double Pyelonephritis. General Paresis, Brain from. Fetal Abnormality, by Fusion. Traumatic Perforation Intestine (2). Typhoid Perforation Intestine. Thrombosis Abdom. Aorta. Sarcoma of Bone (2).

Dr. H. S. Martland

HUDSON COUNTY.

William Freile, M. D., Reporter.

The regular meeting of the Hudson County Medical Society was held on May 6th, 1913, and routine business transacted.

A committee was appointed to look into the matter of having death certificates more correctly filled out as far as business, etc., of deceased was concerned, and thus aid in a better statistical record.

Dr. M. E. Baxter, of 169 Claremont avenue, was admitted to membership in the society.

Delegates to the State Society meeting in Atlantic City were elected as follows: Annual delegates, Drs. Faison, Fink, Miner, Street, and Wallace Pyle. Alternates, Drs. Sullivan, Mahler and Franklin.

A resolution was adopted endorsing the candidacy of Dr. Henry H. Brinkerhoff, as Commissioner, and urging upon the members the advantage of having one whose experience and training qualifies him to protect the best interests of the community. Notices of the resolution were, on motion, ordered to be sent to the local press.

Under interesting cases Dr. F. D. Gray spoke of a case he had seen that afternoon—an old man of sixty-seven years, suffering with in-

testinal obstruction of four days' standing, with strangulated hernia; the particular interesting thing about the case was the pretty healthy condition of the caecum, which was the sac contents. The sac opened very readily, and on investigation, to see if there were any adhesions or conditions within the ring, he discovered a large mass which to touch felt like adherent intestine in the midline. He asked if the man had been catheterized or voided since he came into the hospital, the possibility of the mass being bladder suggesting itself. On being catheterized, twenty-two ounces of urine were obtained, and the mass entirely disappeared. Patient is doing well.

Dr. G. H. Sexsmith related the case of a young man who had been treated in a tuberculosis clinic, and upon his examination he found the heart well over on the right side. Two quarts of water were obtained by aspiration, the same amount two weeks later. A tinkling sound was heard over the chest on auscultation. X-ray showed the lung entirely collapsed, and about a quart of water in the bottom of the pleural cavity. Sputum was positive. From the time the lung collapsed he has had no fever; has felt well and is gaining flesh.

Dr. G. E. McLaughlin saw a man six months ago with chancre and all the classical symptoms of syphilis. Wassermann was positive. The man had four injections of Salvarsan by a New York physician who promised the patient he would be cured in six months and could then get married, so he has made arrangements to get married next month. All objective symptoms have disappeared, but still show strongly positive Wassermann. This result is not usual but has happened several times in the experience of the doctor, and the fact was emphasized that one needs to be careful in giving a prognosis of cure under a year for a clean bill of health. At least three, and preferably four negative Wassermann, extending over a period of a year, do not even say that the case is cured as far as infection is concerned, but it was in his opinion criminal to promise that a patient would be well in six months and could then go ahead and get married.

Dr. A. P. Haskings called attention to the fact of two classifications of dementia—one the wearing out of the brain cell as part of the condition of the age, and another which looks like senile but is dependent upon arteriosclerotic conditions.

Dr. Gordon K. Dickinson expressed his conviction that every person who does not get well when he or she ought to get well, should be sued.

This sentiment seemed to meet the approval if all present.

Dr. T. R. Chambers spoke of the marvellous improvement from the use of dilute sulphuric acid in a case of carbuncle.

A case of actinomycosis was related by Dr. A. F. Ash, the patient being a young girl who for five months complained of difficulty in nasal breathing with foul nasal discharge. Wassermann was negative. Made section of tissue and the ray fungus found.

Dr. M. A. Swiney presented a patient, seventeen years old, who had been treated by several physicians and found nothing. He complained of pain in the epigastrium: lost weight and was unable to work. Thought to be a

surgical condition, and the boy was opened, and a Jackson membrane was found extending from tip of appendix to hepatic flexure. Abdomen otherwise apparently normal. The appendix was removed and the heavy membrane divided. Patient made an uneventful recovery. No pain since and he has gained twenty-six pounds in four months.

The paper of the evening on "Hyperthyroidism" was read by Dr. W. F. Faison, and was enthusiastically applauded. (Paper will be sent for publication later.)

Dr. Louis Franklin also read a synopsis of Crile's work on Graves disease.

In opening the discussion Dr. Dickinson said he thought it was spoiling a good thing to make any remarks concerning the paper, as all we know on the subject is a matter of speculation, and Dr. Faison had in an admirable manner given his experience in operative and other treatment of the condition, and left the audience with a better knowledge of the ignorance of the conditions pertaining to the subject than they had before the reading of the paper.

Dr. E. Pyle discussed hyperthyroidism from a medical standpoint, and related some of his experiences with patients thus affected.

X-ray treatment of the condition was dwelt upon by Dr. C. H. Purdy, who stated that during puberty and the climacteric no such method should be used, as the condition was then physiological. In the colloid type we get little or no result of any moment, except a slight diminution in size of the organ. When hyperthyroidism is taken in time, the doctor remarked, and X-ray used, a destruction of cell tissue results, and a scar producing an obstructive endarteritis of mild type is the outcome and the ray should not be used except intelligently, treatment in this manner should not be carried on to a point where damage will result to other organs, and the time and dose are important factors.

Dr. Faison summed up the discussion, and called attention to the fact that hyperthyroidism was interesting to all branches of medicine, as it is met with in general practice, by eye and throat specialists and neurologists, and cited the various treatments of the different varieties of conditions affecting the thyroid.

HUNTERDON COUNTY.

Morris H. Leaver, M. D., Reporter.

The Hunterdon County Medical Society met in annual session at Flemington, April 22d. President Samuel B. English presiding.

Among those favoring us with their presence were Drs. J. W. Ward of Pennington, and W. A. Clark and G. N. J. Sommer of Trenton.

Routine business was transacted, including the election of the following officers:

President, F. Ashley Thomas, Flemington; first vice-president, H. M. Harmon, Frenchtown; second vice-president, A. H. Coleman, Clinton; secretary, O. H. Sproul, Flemington; treasurer, E. W. Closson, Lambertville; reporter, M. H. Leaver, Quakertown; delegate to State Society, George Henry, Flemington; alternate delegate, Leon T. Salmon, Lambertville.

An invitation was received to visit the New Jersey State Village for Epileptics at Skillman, on June 4th, which was accepted by the society.

Dr. George Henry presented an able paper on "Puerperal Eclampsia," with the various methods

of treatment, which was freely discussed by the members.

We were very glad to have Dr. Armstrong of White Haven, Pa., with us and he gave us a very interesting paper on tuberculosis, which brought forth a lengthy discussion.

PASSAIC COUNTY.

Charles R. Mitchell, M. D., Secretary.

Complimentary Dinner Given to
Dr. George H. Balleray.



GEORGE H. BALLERAY, M. D.
(Courtesy of the Imperial Art Co.)

It was a brilliant and deserving tribute to one who has been since 1869 one of its most active and enthusiastic members. A large number of Dr. Balleray's professional friends and admirers from New York and throughout New Jersey were invited to attend and all those who could find it possible gathered around the tables with prominent members of the bench, bar, the church, the press, business and nearly a hundred members of the County Society to evidence the affection and esteem in which they held the guest of honor.

The beautiful dining room was banked with ferns and decorated with roses and carnations and after an excellent dinner had been served, President R. M. Curtis spoke of the unusual compliment paid to Dr. Balleray by the society in thus showing their feelings for one of their own active members and introduced Dr. W. B. Johnson as toastmaster.

Several letters of regret were read from prominent professional and lay friends of Dr. Balleray, among them being one from Dr. Abraham Jacobi, expressing his regard for the guest of honor and his deep regret at not being able to attend.

Dr. Johnson then introduced Dr. James M. Stewart as the "society poet," and Dr. Stewart, with a pleasing original poem, presented to Dr. Balleray a beautiful bouquet of American Beauty roses, the gift of the pupil nurses of the Paterson General Hospital. Dr. Stewart said he presented the flowers as a token of the kindness with which Dr. Balleray had always treated the nurses

and in appreciation of the willingness he had always shown to help them.

Dr. Balleray was then called upon to reply and said that he was deeply touched with the kind remembrance of the nurses and the great honor that had been paid him. He spoke briefly of his long career and reviewed the facts that had come and gone during his life and the progress that had been made.

He was followed by Dr. Edward J. Ill, of Newark, who told of the many kindnesses Dr. Balleray had shown him when he first took up abdominal surgery and the great personal benefit he had reaped from his close professional association with him; by Dr. Lippincott, of Newark; Dr. T. N. Gray, of East Orange; Dr. D. C. English, of New Brunswick; Hon. William B. Gourley, Judge W. I. Lewis, Rev. D. S. Hamilton, Judge F. Van Cleve, M. H. Ellenbogen and Dr. E. F. Denner, of Paterson.

During the evening Dr. Johnson spoke of the splendid work Dr. Balleray had done in the State Society, and said that he thought as a fitting mark of the esteem in which Dr. Balleray was held all over the State, that the time had arrived to select him as third vice-president of the Medical Society of New Jersey. Dr. Johnson's announcement that he intended to nominate Dr. Balleray to this coveted position this year met with the enthusiastic approval of all present.

The happy evening was brought to a close by singing "Auld Lang Syne."

(We were able to secure a brief outline of Mr. Ellenbogen's remarks, which are given below. See editorial.—Editor.)

Mr. Ellenbogen spoke, in substance, as follows:

I did not for one moment expect to be called upon to make any remarks before such a brilliant body, of which it is my great privilege and honor to be a guest. I am, therefore, unprepared and what I shall say must be wholly extemporaneous, but it will be from the heart. Recognizing the fact that speech-making is not one of my gifts and not having been given time to collect and arrange my thoughts, I regret very much that I will leave unsaid many things which are in my heart and mind.

I count Dr. Balleray one of my oldest and best friends, whom I have known for nearly forty years. He was my family physician up to the time he relinquished his family practice and I always had and always shall have a warm spot in my heart for him. He cared for my four children at their birth and whenever any member of my family was ill, no matter how desperately, when his red beard was seen to enter the sick room the patient was half cured.

Every member of my family, as well as myself, always had the greatest admiration and the highest regard for Dr. Balleray as a man and a physician and will ever recall with deepest gratitude his faithfulness as our family physician. He considered the physician responsible for the welfare of his patient and I am convinced that this was ever his attitude in our family. He has seen some of the members of my family through very serious illnesses and I am sure that the complete recovery in more than one instance was due entirely to his skill, untiring efforts and the great interest he always took in his patient.

Sickness is never a joyful thing to contemplate, yet Dr. Balleray's entrance into the sick room

always acted like a ray of sunshine, a tonic, worth as much as any medicinal ministrations.

With my happy experience, I, for one, as well as my entire family, want the good, reliable, sympathetic family physician, who makes the patient feel that he has his welfare at heart, as though he or she were the only care on his mind, no matter how busy he might be otherwise. Many other good arguments can be advanced in favor of the family physician.

OCEAN COUNTY.

W. G. Schauffler, M. D., Secretary

The Semi-Annual Meeting of the Ocean County Medical Society was held on May 2nd, 1913, at the house of Dr. W. G. Schauffler, Lakewood. Nine of the seventeen members of the Society were present, with the President, Dr. Stewart Lewis of Lakehurst, in the chair.

The meeting was given over to the discussion of the possibilities of effectual work on the part of a pure milk commission in rural districts, and to the very serious question of the relation of State and local Boards of Health on the subject of disinfection and fumigation and quarantine in cases of scarlatina in the smaller towns and country districts.

The following members were named to form a committee to again take up the milk question: Drs. Hance, Heron and Herbener.

The Secretary was ordered to secure definite instructions from the State Board of Health, and also to present the whole question of the management of the milder communicable diseases to the State Society at its June meeting.

WARREN COUNTY.

John H. Griffith, M. D., Reporter.

The annual meeting of the Warren County Medical Society was held at Belvidere House, Belvidere, on Tuesday, May 6, 1913, with the president, Dr. Frank S. Gordon, Blairstown, in the chair.

There were present the following members: Drs. Frank S. Gordon, Thomas S. Dedrick, Charles M. Williams, J. Mitchell Reese, Lewis B. Hoagland, Charles B. Smith, William Kline, Frank W. Curtis, F. P. Lefferts, William C. Allen, Frank P. McKinstry, Harry B. Bossard, Fred J. La Riew, Floyd A. Shimer, William C. Albertson and G. Wyckoff Cummins.

Dr. Thomas M. Gray, secretary of the State Medical Society, was also present as a guest and addressed the society.

At the business meeting the following officers were elected:

President, Dr. Frank G. Gordon of Blairstown; vice-president, Dr. William Kline, of Phillipsburg; secretary, Dr. William J. Burd, of Belvidere; treasurer, Dr. G. W. Cummins, of Belvidere; reporter, Dr. John H. Griffith, of Phillipsburg.

A splendid dinner was subsequently served and the occasion was very enjoyable, except for the fact that the secretary, Dr. W. J. Burd, was taken very ill and several of the physicians spent some hours at his bedside. His condition, however, improved considerably and he has since recovered.

SUSSEX COUNTY.

H. D. Van Gaasbeek, M. D., Reporter.

The Sussex County Medical Society held a special meeting at the Cochran House, Newton, N. J., on April 29, 1913. There was a large turn out for our county. Dr. E. A. Ayres, President, called the meeting to order. He then called on Dr. Thomas Pooley, Jr., the essayist for the year, who read an essay entitled, "Importance of Eye Symptoms in Early Diagnosis of Tabes." The paper was very interesting, giving the records of the three cases that had come to him after having been treated for other diseases and being recognized by him as tabes through the eye symptoms. The paper was very instructive and was very thoroughly discussed. The Society on motion moved that all the officers and delegates hold over until October when the annual meeting will be held for the election of new officers, etc. The meeting then took a recess for dinner, after which the Society resumed its session and listened to an address by W. M. Dunning, M. D., of New York City, on the "Management of the Ear in General Practice." This was a very able and instructive paper, which was illustrated by a large number of diagrams and specimens of skulls showing the mastoid operation, etc. It was listened to with great attention and ably discussed. It was resolved to have it printed in the Society's Journal. The president, Dr. Ayres, then read an address on "The Relations of the County Medical Society to Medical Practice." The president had a number of resolutions which he offered relating to the starting of county hospitals, also as to the minimum fees to be charged by members of the Society who may be appointed as school inspectors. These resolutions were fully discussed and the one relating to school inspectors was adopted. He also offered a resolution on the fee rates of the Society, which was ordered printed and sent to every member of the Society and referred for action to the October session. The meeting was very successful in every way. It was resolved to have the next meeting in Sussex Borough on the invitation of Drs. Harp and Van Gaasbeek.

Local Medical Societies.

Physicians of Montclair and Vicinity.

Walter B. Mount, M. D., Secretary.

The meeting of the Associated Physicians of Montclair and Vicinity held at the Montclair Club on the evening of April 28th was addressed by Dr. Elsworth Eliot of New York, who took for his subject "Conditions Simulating Appendicitis."

Dr. Eliot covered the ground thoroughly; gave some very practical points in differential diagnosis, and related interesting cases. The talk was very valuable. After a discussion of the paper by the members the Society adjourned for a buffet supper.

Morristown Medical Club.

Reported by E. Moore Fisher, M. D.

The Morristown Medical Club met at the home of Dr. Harry Vaughan on the evening of April 30th, 1913. Dr. F. W. Owen was chair-

man and a large number of guests and members were present.

Dr. Lovell, of the Post-Graduate Hospital New York City, gave the history of a case of Burrowing Peritonsillar Abscess he had recently treated. The onset was similar to a severe attack of quinsy but when a large crucial incision was made no pus escaped but a moderate amount of blood which resulted in temporary relief for the patient. The next day when Dr. Lovell saw the patient, the peritonsillar tissue was very much swollen and breathing exceedingly difficult and suffocation was threatened. There was marked anaemia. Examination under an anesthetic revealed a large blood clot the size of a hen's egg in the site of the previous incision with blood oozing behind the clot and being swallowed, no pus was at this time observed either. Further examination revealed the fact that the pus had burrowed downward about two inches and that the abscess had been rupture spontaneously into the oesophagus, this explaining the abscess of revealed pus at any time. The tonsil was removed, oozing ceased and the patient made an uneventful recovery.

Dr. Harry Vaughan read a paper on "Nasal Hydrorrhoea," in which he gave the etiology symptoms and treatment of this condition and spoke at length on the different diagnosis from the escape of cerebro-spinal fluid by way of the nostrils. The doctor gave the history of a patient he had recently treated for this trouble and who if not permanently cured was at any rate relieved temporarily.

Both papers were freely discussed by those present.

MAY MONTHLY MEETING.

Dr. Samuel C. Haven entertained the Morristown Medical Club at Day's on the evening of May 12, 1913. Dr. H. A. Henriques presided. The meeting was attended by a large number of guests and members.

Dr. F. Tweddell, of Summit, presented a patient for examination who was suffering from chronic lymphatic leukemia. The lymph glands of the neck were markedly enlarged together with the spleen and liver. The patient had had the disease about eighteen months and had improved under X-Rays and the use of benzol, as recommended by Dr. Frank Billings who advised using as high as xv minims four times daily. Following the use of these remedial measures the white cells showed signs of undergoing degeneration as shown by serological examinations and the glands had somewhat diminished in size. In the discussion that followed, the fact was emphasized that acute cases of this disease were often mistaken for tonsillitis and not treated correctly and early and that they were frequently rapidly fatal. The worth of some forms of arsenic as a valuable therapeutic measure was also mentioned.

The paper of the evening was read by Dr. Lawrason Brown, of Saranac Lake, N. Y., on the "Treatment of Pulmonary Tuberculosis by Artificial Pneumothrax." After an introductory clause in which the doctor said that disease in nearly any organ could be cured if that organ was given complete functional rest. An account was given of attempts to procure more absolute rest for the lung than could be obtained, following general bodily rest in bed.

These differed in technique and in the gas used, but all had for their object collapse of the affected lung. The doctor felt that a monometer was a necessity and that with two movable bottles better results could be obtained than by the method explained, no dissection or removal of tissue of any kind was necessary. A specially prepared hypodermic needle, size 27, and one inch in length was used to inject a solution of novocain and adrenalin, which solution must be gradually introduced into the tissues and the pleura. Generally the doctor made a skin incision to prevent the resistance to the canula. A warm room was indicated and the nitrogen introduced could be warmed by passing it through several coils of pipe which was kept in warm water in a vessel as near as possible to the bed side. The doctor advised gradual collapse of the lung, using 200-500 cubic centimeters of nitrogen the first day and said that in his own practice 300 generally was used. This was followed by further injections every two days and total collapse was effected in about twelve days. It was felt that this method was more advisable than to introduce 1,000 c.c. alone with marked possibility of shock. If the second and subsequent introductions of gas were left longer than two days, the pleuras grew together and it was impossible that more nitrogen be forced into the pleural cavity. The monometer was a guide to the position of the needle if it read from -2 or -3 to -15 cc. of water, it was in the proper position if -2 to 2 in the lung tissue and if all readings were positive a cavity in the lung had been reached and no nitrogen should be introduced if the readings were as high as 7 to 12 cc. of water. Many persons advised introducing oxygen at the first sitting followed by air and then nitrogen, and it was a peculiar fact that air was absorbed 4-5 times as rapidly as nitrogen alone. After the total collapse of the lung, its condition should be followed every day by fluoroscopic or radioscopic examination and the collapse of the lung maintained for six months. In favorable cases the tuberculosis had been relieved for over two years as a result of this treatment. The cases where artificial pneumothrax was advised and likely to be of most benefit were those with severe haemoptesis and moderately advanced cases with exacerbations that did not improve with rest. If there was marked dyspnoea or intestinal involvement this method was contraindicated. The symptoms may for a short time increase in severity, but as a rule the temperature soon drops, then the pulse grows nearer normal and expectoration often ceases. In some cases the patient can get around in a few days whose case before treatment seemed absolutely hopeless. There is one marked difficulty in this treatment that cannot be foreseen and that is where there are marked pleuritic adhesions which cannot be diagnosed beforehand. In these cases the lung could not be collapsed. These have constituted one-third of those in which an endeavor was made to use this method. In 50 per cent. of the cases treated, pleurisy with effusion has resulted. No definite reason for this is known, but it is thought to be either the use of impure nitrogen or the result from injuries brought on by over-stretching of the pleura. The doctor thought it might be due to cold following the loss of body heat in the pleura after collapse of the lung. If the monometer shows a reading of 7 to 8, it is a

sign that this condition is imminent. Pain is not complained of after one or two treatments. Dyspnoea after treatment means too much gas has been introduced. In speaking of the sequelae which might threaten life during the employment of this measure, the doctor first mentioned pleural shock which generally followed lack of care in using the local anesthetics. The symptoms were severe pain, vomiting and often collapse. If the gas entered a vein, an embolism might follow at times there was emphysema when the lung was torn or injured. A serious condition that had also been noticed following artificial pneumothorax was rapid advancement of tuberculosis on the opposite side. The doctor advised the use of this method in selected cases and said that it was undoubtedly a measure that had relieved about 33 per cent., and in some produced an apparent cure.

The discussion was brief and was joined in by Dr. Meara, of New York City, and several physicians describing cases they had seen treated in this way. It was thought that only one qualified by practical experience should endeavor to administer this method of therapy.

The Practitioners' Club, Newark, N. J.

J. D. Lippincott, M. D., Secretary.

The twenty-fifth annual banquet and election of officers of the Practitioners' Club of Newark, N. J., was held in the parlors of S. Davis, May 5, 1913.

There were about seventy present, including many guests of members.

The silver anniversary was a delightful one to all.

Dr. R. G. P. Dieffenbach was toastmaster, Dr. C. E. Sutphen, the retiring president, made a few remarks. The clergy was represented by Rev. Dr. Wm. H. Morgan; law by Ex-Judge Frederick F. Guild; medicine by Dr. Wells P. Eagleton. The charter members were represented by Dr. H. C. Bleyle. The following are the charter members still active in the club: Drs. H. C. Bleyle, R. G. P. Dieffenbach, A. C. Dougherty, T. Y. Sutphen, J. W. Read, J. T. Wrightson, M. F. Squier, S. C. Robertson, T. W. Corwin and H. L. Coit.

The election of officers for the year 1913-14 preceded the banquet and resulted as follows: President, Dr. H. J. F. Wallhauser, vice-president, Dr. G. B. Philhower, Nutley; secretary and treasurer, Dr. J. D. Lippincott.

The Plainfield Clinical Society.

This society was entertained by Dr. Norman H. Frobasco, at his home, 7th and Park avenues, Plainfield, with a large number in attendance. Dr. Charles Mendel, of the Carnegie Laboratory, New York City, gave a paper on "The Clinical Value of Blood Examinations," which was discussed by several present.

Hon. W. Bourke Cochran, speaking at a medical dinner recently, expressed the opinion that the sea law of salvage should apply on land as well as on the sea, adding: "Now you all know that when a mariner comes on a wrecked vessel and saves it he is entitled to a fee for salvage. And that fee is fixed not according to the trouble it was to him to make the salvage, but according to the value of the goods salvaged. That is the law to which we must look to judge the surgeon who performs a major operation on a rich man."

Other Medical Society Meetings.

The American Pediatric Society.

This society at its annual meeting in Washington, D. C., May 5-7, elected the following officers: President, Dr. Samuel M. Hammill, Philadelphia; vice-president, Dr. Matthias Nicoll, New York City; secretary, Dr. Samuel S. Adams, Washington, D. C.; treasurer, Dr. C. H. Dunn, Boston, and editor and recorder, Dr. Linnaeus E. LaFetra, New York City. The place of meeting for 1914 will be New London, Conn.

Central N. J. Alumni of U. of P.

The second annual banquet of the Central New Jersey Alumni of the University of Pennsylvania, was held April 23, at the Hotel Sterling. The dining room was draped in red and blue, the university colors.

The guests were: Governor James M. Fielder, Provost Edgar E. Smith, Dr. William Pepper, Professor and William E. Mickell. A guest of honor to whom the highest respect was paid, was Dr. Richard R. Rogers, of the class of '61, who is now 89 years of age, and one of the oldest graduates of the university.

Dr. Elmer Barwis, of Trenton, acted as toastmaster. The addresses were brief and pithy. Governor Fielder urged the development of activities of college men in politics; Provost Smith told the story of the needs of the various departments of the university, and urged loyalty on the part of his "Jersey Boys," while Dr. Pepper and Professor Mickell presented the needs of the medical law and Wharton school.

Following the banquet, these officers were elected: Dr. C. J. Craythorn, president; Dr. Charles H. Dilts, vice-president; Professor John A. Hartpence, second vice-president; Dr. E. S. Hawke, secretary-treasurer. This executive committee was elected: Dr. W. S. Collier, Counselor Eldon R. Walker, Dr. E. Hollingshead, Dr. J. C. Forsythe, Dr. G. N. J. Sommer, Dr. A. E. Boice, Dr. E. S. Hawke and Dr. J. C. Clayton.

Besides the above named there were present among others the following Trenton physicians: Drs. Ackley, Adams, Bellis, Collier, Costill, Moore, Holcomb, Harris, Sicca, Parker, Reddan, Kirkpatrick, Watts and Williams. Also Dr. C. D. Mendenhall, Bordentown; W. A. Hickman, Emery and Philip Marvel, Atlantic City; D. F. Weeks, Skillman; G. E. Harbert, Beverly; R. H. Parsons and W. P. Melcher, Mt. Holly, and E. Hollingshead, Pemberton.

Alienists and Neurologists to Meet.

A meeting of the alienists and neurologists of the United States will be held in Chicago, June 24-27. Dr. W. T. Mefford, 2159 W. Madison street, Chicago, is in charge of the executive details.

AMERICAN ACADEMY OF MEDICINE MEETS IN
MINNEAPOLIS, JUNE 13-15.

AMERICAN MEDICAL ASSOCIATION MEETS IN
MINNEAPOLIS, JUNE 17-19.

THE JOURNAL

OF THE

Medical Society of New Jersey

JUNE, 1913

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

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New Brunswick, N. J.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

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WILLIAM J. CHANDLER, M. D., South Orange N. J.

Don't Fail to Attend

THE 147th ANNUAL MEETING

of the

MEDICAL SOCIETY OF NEW JERSEY

in the

NEW MONMOUTH HOTEL, SPRING LAKE,

JUNE 10, 11 and 12, 1913.

We insert the list of papers to be presented, as a matter of record and for the benefit of any members who may fail to receive the full printed program which was ordered to be sent to every member.

June 10, at 3.30 P. M.

SYMPOSIUM ON PNEUMONIA.

Pneumonia in Infancy and Childhood.

J. FINLEY BELL, Englewood

Acute Lobar Pneumonia in Adult Life.

A. CHARLES ZEHNDER, Newark

Complications.

PAUL H. MARKLEY, Camden

Pathology.

ALBERT B. DAVIS, Camden

Treatment.

PHILIP MARVEL, Atlantic City

June 10, at 8 P. M.

Address by the President.

NORTON L. WILSON, Elizabeth

Address by the third Vice-President.

WILLIAM J. CHANDLER, South Orange

Oration in Medicine.

PROF. MARTIN H. FISCHER, Cincinnati

June 11, at 9.30 A. M.

SYMPOSIUM ON SYPHILIS.

Sociology.

EDWARD E. WORL, Newark

Skin Lesions.

CHARLES H. PURDY, Jersey City

Manifestations of Syphilis in Infancy and Childhood.

JULIUS LEVY, Newark

Syphilis of the Eye.

ELBERT S. SHERMAN, Newark

Treatment.

HENRY A. PULSFORD, South Orange

June 11, at 3.30 P. M.

Oration in Surgery.

PROF. GEORGE W. CRILE, Cleveland, Ohio

Bone Transplantation.

FRED H. ALBEE, New York

Uterine Hemorrhage, with Remarks on a Case.

WILLIAM FREILE, Jersey City

A Few Points in the Clinical Treatment of Chronic Nephritis.

W. BLAIR STEWART, Atlantic City

Annual Banquet at 8 P. M.

June 12, at 9.30 A. M.

Nasal Hydrorrhoea, With Report of a Case.

HENRY VAUGHAN, Morristown

Sub-Mucous Resection of the Nasal Septum.

THEODORE W. CORWIN, Newark

Morphinism: Report of a Case of Exceptional Interest.

CHAS. A. ROSENWASSER, Newark

A WORD FROM THE RECORDING SECRETARY.

Permanent delegates.—Nominees to fill vacancies must not forget to bring their certificates of nomination with them to the meeting of the State Society. The secretary has provided the secretaries of the county societies, which have made nominations to fill vacancies, with duplicate blank certificates in proper form. Keep one and have the other sent to the recording secretary, who will verify and pass on to the Credentials Committee.

Annual delegates.—In years past not a few have come to the annual meeting without their certificate of election. As soon as you read this, if you are of those who read their Journal, make sure you have your certificate and put it where you cannot get to Spring Lake without it.

Delinquent members.—Pay your dues without delay, otherwise your name will not appear among the list of members of your County Society, and you will lose the benefits of membership in the State Society; the Journal will not reach you, and medical defense will be impossible. You may be the next one to run against a black-mailing malpractice suit.

County societies.—Give your secretaries

a small salary in the form of expenses to the meeting of the State Society. I am deeply interested in getting the secretaries of county societies enthused, and I know of no better place to get enthusiasm than at the State Society meetings. T. N. G.

OUR HEALTH LAWS.

We were much impressed by the strong and earnest words of Judge William I. Lewis at the dinner given in honor of Dr. Balleray, concerning the necessity for the doctors to get together and examine carefully proposed laws relating to public health, when he referred to the passage of some recent laws that gave great power to local boards of health, which enabled boards to lay unnecessary burdens upon the people, especially upon the poor.

When we consider the adverse judgment passed upon the competency of the great majority of the local boards by such able men as R. B. Fitz Randolph, Chief of the Division of Food and Drugs and Director of the State Board's Laboratory of Hygiene, and also by Dr. R. C. Newton, a member of the State Board of Health, it needs no argument to convince any intelligent man that it is an exceedingly unwise and dangerous thing to confer such powers as the present laws give. We believe that the Medical Society of New Jersey should take decided action when such an able lawyer as Judge Lewis has expressed his judgment that medical men should act in the interest of the people.

There is no doubt in the minds of intelligent physicians-sanitarians—who have no personal interests of their own to influence them to the contrary—that our whole present system of health administration should be changed. Dr. Newton is right in insisting that New Jersey should give up the old system and have a Department of Health with a competent Commissioner of Health clothed with all necessary power, and we believe that if the local boards of health were abolished, unless the Newark and half a dozen other excellent boards in Essex County and elsewhere be excepted, and in their place a competent health officer, acting under the State Commissioner, were appointed we would have greatly improved sanitary administration and corresponding advance in the health conditions of the State and its citizens. The late Judge Lanning, who had served several years most efficiently on the State Board of Health, was strongly in favor of this improved method of administration and endeavored

to have it adopted, but the men throughout the State who held positions and liked to exercise power and authority, through political influence, have delayed the passage of necessary laws to effect it. We are confident, however, that the change will come, and as the profession that fought for, and after years of earnest effort obtained the original health legislation in New Jersey, we ought to now as then—for humanity's sake—improve and perfect it.

THE SOCIAL EVIL.

We are only beginning to realize the tremendous importance of fighting the social evil. Our State Society appointed a committee to consider the matter with the result that an organization of another society has been effected which is devising means to stop the increase of the evil and, if possible, eradicate it. These efforts, however, are being hindered, if not nullified, by those who should be most active helpers and who, strange to say, are the greatest sufferers from the evil.

We give one of the amazing instances of the aid given for the increase of the evil by those who should be its strongest opponents. Truer and more timely words were never written than those of Grace Goodhouse in the Camden Daily Courier of May 29th which are as follows:

INDECENT DRESSING.

"What are the mothers thinking of when they allow their daughters to go upon the streets wearing a thin and transparent blouse with neck so low and sleeves so short as to be absolutely indecent, and a skirt so tight that the figure is displayed at every step.

"It is more than a matter of fashion; it is a question of morals. We may and do deplore the vicious habits of men, but is this sort of dressing calculated to check them?

"When your girls go out brazenly or innocently—according to the girl—displaying by their clothes their physical rather than their innocent charms the fault is not so much with the girls as it is with their mothers who permit them to buy and wear such clothes.

"The excuse that mothers cannot control the fashions of their daughters is merely begging the question. It is a poor failure of a mother who has to confess such an inability.

"It is positively wicked to allow an innocent, unthinking young girl to wear clothes that when she goes out are a very signal

to evil-minded men and boys. She doesn't know. Of course not. How could she? But her mother does, and her father and her big brother. And these older ones are directly responsible for any danger that comes to the girl.

"There is no sense in our being shocked at the social evils that exists all about us, and that threaten our young girls, so long as we directly add to these evils by the shameless way we allow our daughters to dress."

HONORING DR. BALLERAY.

It was the editor's great pleasure to attend, as an invited guest, the dinner given in honor of Dr. George H. Balleray by the Passaic County Medical Society, a meager account of which we insert elsewhere. It was one of the best planned, elaborate and enjoyable gastronomic, social and intellectual feasts we have been privileged to attend, and it abundantly showed the high esteem in which Dr. Balleray is held, not only by his professional brethren, but also by the members of other professions and the citizens of Paterson generally. The menu was all that could be desired and was a credit to the Hamilton Club where it was most satisfactorily served.

The post-prandial speeches generally were of more than ordinary worth, being full of practical thought and helpful suggestions, though they were impromptu. Dr. R. M. Curtis, the retiring president, presided and introduced Dr. Walter B. Johnson, who showed himself well qualified to act as the toastmaster. The presentation of a handsome bouquet of American Beauty roses from the nurses of the Paterson General Hospital was a beautiful expression of their appreciation of the doctor's helpfulness to them in their instruction and work. Dr. Balleray's response to this and to the other honors paid him was tender and appropriate. His speech was afterwards marked by strong independent thought, as he inveighed against fads and premature judgment on new theories and new methods of treatment, especially by serums in so many diseases.

He strongly condemned unnecessary operations and exorbitant fees for them. He cited one case where the necessity of an operation for appendicitis was questionable on a man of very limited means, who was sent a bill for \$1,500, subsequently reduced to \$1,100. The man's brother had to give most of what money he had accumulated

to assist in paying the bill. He characterized it as downright robbery, and said that if there was one place in the lower regions hotter than another, that doctor deserved to be sent to that place. He said he was glad to believe that such unworthy men were few in number.

His speech was a strong plea for treatment based on scientific knowledge, honestly and faithfully applied by men who are not governed by the commercialistic spirit.

Former Prosecutor W. B. Gourley, in his able speech, said that the legal profession had a number of just such unworthy and conscienceless members as Dr. Balleray had referred to, who fleeced the poor and that they ought to be sent with the guilty doctors to the same place, and he intimated that he might be willing to help send them there.

Judge William I. Lewis made a very able speech. There is only one point in it to which we will refer. He spoke of the great need of more deliberate care in the enactment of health laws. That the doctors should get together and carefully go over proposed laws and give the legislators the results of their best judgment. He believed that some of the laws giving great powers to health boards were at least questionable, as they put heavy burdens on the people, especially on the poor, when it was by no means certain that the health interests of the people would be conserved or promoted by the enforcement of such drastic measures as they permitted.

It was an honor and pleasure to be assigned to a seat at the guest table between two such able lawyers as Judges Lewis and Van Cleve, and in conversation to hear their expressed judgment, that we have far too many laws enacted and that after all if we went back to the Decalogue we had the substance of all needed law.

We cannot at present comment on the other speeches. We refer to the Secretary's report and to the outline of Mr. Ellenbogen's speech inserted elsewhere; the latter bears beautiful personal testimony to Dr. Balleray's tenderness and faithfulness as his family physician. Rev. Dr. D. S. Hamilton bore similar testimony.

We not only congratulate Dr. Balleray on this honor conferred on him, but the Society on its recognition of his worthiness to receive it. And we express our conviction that, whether such form of recognition is given or not, there is in the hearts of the members of the profession generally

and of the intelligent public, notwithstanding the ingratitude and thoughtlessness of many, respect and honor for the self-denying and self-sacrificing practitioners who have shown for so many years such loyalty and devotion to the profession and the public.

Our Society expects to be honored by the presence of:

Governor James F. Fielder
Dr. Abraham Jacobi
Dr. James M. Walsh

as post-prandial speakers at the Banquet, Wednesday evening. Don't fail to hear them.

Don't fail to remember that Every Session of the Annual Meeting will begin on schedule time; that the reading of each paper is limited to twenty minutes, those opening discussions thereon to ten minutes and others to five minutes; that no long talking in the hallway near the meeting room during the sessions is allowable; that your best thought concisely expressed is needed on the very important business questions that will be considered. Let our aims be to promote the scientific attainments and economic conditions of our members, the honor of our profession and the highest welfare of our patients and of our State.

We regret exceedingly to disappoint our readers by the failure to secure for our journal Dr. Bloodgood's excellent oration, delivered at last year's annual meeting. The doctor's severe illness, resulting in a surgical operation, a long subsequent period of rest from all work, and the pressure of work since, give adequate excuse for its non-appearance. See Dr. Bloodgood's communication in our Correspondence columns.

We are fortunate, however, in having a brief abstract of it prepared by the doctor soon after its delivery, but which, after consultation with the Publication Committee, it was decided not to print at that time as we then expected, and have since from month to month hoped to receive the entire oration. We insert the abstract in this month's issue, conscious of the fact that it gives our readers a very meagre taste of the rich intellectual feast which Dr. Bloodgood provided at our annual meeting.

The index of Volume IX. of our Journal will be sent to our members with the July Journal.

Shall the State Society dues for the year 1914 be increased? That is one of the important questions that the annual meeting should decide. Medical Defense is one of the important benefits of membership, but it is adding largely to the Society's expenses. Last year the number of malpractice suits was increased, as will probably be the case for the next few years.

Every member is liable to a suit for malpractice. Outside companies charge fifteen dollars for much less than we would provide for dues at three dollars. The dues and journal subscription of most State societies are three dollars; those of California are twelve dollars. One County Society's dues in this State are ten dollars, another's seven dollars. Surely three dollars is little enough for the entire work of our State Society, including medical defense and journal subscription.

The Journal with this number begins Vol. X. Last year's volume contained as much as that of any State Journal published and considerably more than the great majority of them, and *at less cost to the Society*. We leave to others to judge of its worth, but we will say that we have given largely of our thought, time and strength, doing our best to have it equal any journal, and we believe, from information that has come unsought, that it is read and appreciated by our ablest and busiest physicians. We say this modestly, but very thankfully, recognizing our limitations and shortcomings and the possibility of making the Journal still better and more helpful.

We are indebted to Mr. J. A. McClary, of the Imperial Art Company, who is collecting medical historical matter and likeness cuts of our members, for cuts furnished from time to time for our Journal's use.

We regret to hear, as the Journal goes to press, of the death of Dr. J. Boyd Risk, for many years one of the prominent physicians of Summit, N. J., a member of the Union County Medical Society. An obituary notice will appear in our July Journal.

The Role of Prevention.

In the future of medicine, the mere removal of disease must play more and more a subordinate part. Most disease can be prevented. Above all therapeutics stands sanitation. It is possible to remove causes of disease long be-

fore any disease begins. It is possible to heal our patients long before they are sick. Our knowledge in many fields is now adequate for this result. No one can be attacked by an infectious disease unless he have somehow or other permitted the infection—David Starr Jordan, Science.

DINNER TO DR. H. H. BRINKERHOFF.

Nearly all of the leading officers of the State attended the dinner to Colonel Henry H. Brinkerhoff, commandant of the Fourth Regiment, at the Downtown Club, May 29th. Colonel Brinkerhoff, who has just completed twenty-five years in



COL. HENRY H. BRINKERHOFF.

Courtesy of the Newark Evening News.

the National Guard, formally announced that he intended to leave active service, and that his application for retirement would be sent to Adjutant General Sadler May 31st.

When Colonel Brinkerhoff spoke of the men he had served with and his pleasant relations in military life, many of his officers were deeply affected, and after the dinner several of them appealed to the colonel to remain in the service. The colonel is one of Jersey City's oldest physicians

American Medical Editors' Association.

The annual meeting of this society will be held June 16, at the Hotel Radisson, Minneapolis, Minn. An interesting program has been prepared, covering items of journalistic as well as general information. The annual banquet will be held on the evening of the 15th, at the Radisson Hotel.

Pneumonia Serum Being Perfected.

A serum for pneumonia, which is expected to reduce the disease to the level of a minor ail-

ment, is being perfected at the Rockefeller Institute for Medical Research.

While it is yet too early to determine definitely how far the new anti-toxin will reduce the death rate, it is known that excellent results have been obtained during the winter at the hospital connected with the institute.

The serum is based on the discovery that pneumonia, like a number of other germ diseases, is not produced by a single organism, but by several closely related organisms or "strains." The experts of the institute have succeeded in isolating about eight of these strains, and developed sera which have been found to react on two of them.

Dr. Walter Bense, sanitary superintendent of the Health Department, said recently that the department was keeping in touch with the institute's experiments along this line, and that he had every reason to believe its efforts would ultimately be crowned with success. When the serum is ready for distribution, he said, it would doubtless be placed in the hands of health departments all over the country and dealt out by them to local physicians, as is done in the case of diphtheria antitoxin in this city—New York Tribune.

Correspondence.

Dr. Bloodgood's Oration.

Baltimore, Md., May 3, 1913.

Dr. D. C. English,

New Brunswick, N. J.

Dear Doctor English:

I have your letter of March 31st., in which you say that my secretary wrote you: "I will send my paper as soon as I return from the West and finish it"; this was correct, but I have been so overwhelmed with surgical work and papers to be read in Washington next week that it has been utterly impossible for me to give a moment to anything else. I am very sorry. With kindest regards,

Very sincerely yours,

Joseph C. Bloodgood.

State Society Committee on Tuberculosis.

From Dr. M. W. Newcomb, Brown's Mills Sanatorium.

May 19, 1913.

Dear Editor:—While attending the meeting of the National Association for the Study and Prevention of Tuberculosis at Washington, May 8 and 9, Dr. Samuel B. English, of Glen Gardner, and myself were talking about the Committee on Tuberculosis of the Maryland State Medical Society. We thought that it would be a good idea for our State Society at its coming meeting to consider the appointment of such a committee.

I wrote to Dr. Martin F. Sloan, of the Eudowood Sanatorium at Towson, Md., who is a member of the Maryland Society's committee, and enclose his letter. I think the idea an excellent one, as the committee of the State Society could assist the local societies in their fight against tuberculosis. I hope the members of the State Society will consider this question and bring it before the house of delegates. Very truly yours,

Marcus W. Newcomb.

Dr. M. F. Sloan's Reply.

Dr. M. W. Newcomb, May 17, 1913.
Brown's Mills Sanatorium,
Brown's Mill in the Pines, N. J.

My Dear Dr. Newcomb:—In reply to your letter of the 12th, I would say that our committee of the State Medical Society has no funds with which to do any work, consequently we must confine ourselves to remarks. Our last report was somewhat of an appeal to the doctors of the State for earlier diagnosis. We also recommended that wherever possible the doctor spend six to eight hours per week in a well-governed dispensary with the dispensary workers and thereby increase his acumen. Where this was impossible we advised the doctors to send the patient to a dispensary or consultant on the slightest evidence of disease. We considered it was also far better for the patient that he go to a sanatorium for a few months though the lesions were only suspicious, than that he should stay at home, where he would probably grow worse. We tried to impress upon them the importance of six months' residence in a sanatorium as an educational procedure if it were nothing else. This report was received favorably and since making it we have been asked to give talks and demonstrations on the importance of early diagnosis. This seems to be the growing need at present, and if we are to make any headway in the tuberculosis campaign we must first get our profession in line, and especially the family physicians, who hold the situation in their hands.

Trusting this will be of some service to you, I am, yours very truly,

Martin F. Sloan.

CUT THIS OUT AND SEND TO SOME FELLOW-PHYSICIAN NOT A MEMBER OF HIS COUNTY MEDICAL SOCIETY.

Why you should join your county medical society.

1. Because it is a post-graduate school at home from which you will derive pleasure and increase your practical and scientific medical knowledge from the papers read, the discussions and clinical reports, making you a better and more successful practitioner.

2. Because it is the best means to promote friendships, mutual respect and pleasant social relations in your professional life.

3. Because it is the best means of avoiding envy, jealousy, local animosity and internal dissensions which have always discredited our profession, and if you will permit them, will seriously damage your professional career.

4. Because it will help you to improve your financial condition by aiding you to better your business methods in your work.

5. Because it tends to promote unity by which the profession gains in influence and commands a higher respect from the community.

6. Because the County Medical Society makes it possible to unite the profession into a compact organization to its material advantage and that of each of its members.

7. Because it will enable you to progress in your medical career and become a member of the State and National Medical Associations.

8. Because you owe all this to yourself and to your professional co-workers.

Therefore: Join your County Medical Society. "In union there is strength."—From Colorado Medicine.

A FEW "DON'T'S" IN OBSTETRICS.

By George Parrish, M. D., Portland, Ore.
Read before the Portland City and County Medical Society.

As the program is a long one and seven minutes a short time to handle an obstetric case, it is not my intention to bore this society with a lot of text-book learning. I will mention a few don't's not officially recognized. Most of them are so frequently overlooked or entirely forgotten that they may possibly be unethical.

In the first place "don't" misrepresent things to your patient. There is nothing so dangerous as the half truth. If you do not know what is wrong "don't" offer some foolish explanation. Some of the laity may be foolish, but even the foolish ones have friends. Be guarded but explicit in what you say and it will not be misconstrued.

Recently a middle-aged woman asked me to go and see her daughter who was in labor. She explained that Dr. X had just discovered it to be a case of placenta previa, and had sent her to the Good Samaritan Hospital. After explaining that I could not go unless her doctor called me she left. In about three hours she returned and said her daughter was fine. "Now get this." She said Dr. X had told her that the jarring of the ambulance had caused the placenta to slip away from its position over the internal os and, having become attached higher up, had made the delivery normal. The truth would have answered better.

Another case. A young mother was recently examined, a cystocele, a rectocele and a third degree laceration of the perineum found. No attempt at repair had been made. Dr. Z told her that he had nothing to do with the tear but that the pressure from above caused by the membranes and fetal head in early labor had been so great that the fibers of the perineum had separated long before the head had descended, leaving him no way to support it. As he wasn't at fault he wouldn't repair it. Can you imagine any doctor "handing out" such stuff?

Third. "Don't" issue a bulletin announcing that you are the only doctor in attendance. It is nothing to be proud of and is only one way of showing you do not realize your responsibilities. Always have an expert anesthetist in obstetrics, the same as in any surgical procedure.

Fourth. "Don't" take a case for one-half of what it is worth. If you do, it stands to reason you must necessarily neglect it. No physician can be honest in his efforts to his patient or to himself who takes a case for thirty cents on the dollar. Remember you are taken at the valuation you place on your own ability the same in obstetrics as in other fields.

Fifth. "Don't" get your work by underbidding your competitor. Charge what you think your work is worth and what is fair to all and stick to it.

Sixth. "Don't" allow labor to drag forty, fifty and sixty hours. Such work is a disgrace to the medical profession and is a relic of barbarism.

Seventh. "Don't" forget that the management

of an obstetric case is the most tiresome and trying of all surgical work. Don't undertake it if you are in the humor to shirk.

Eighth. "Don't" have all the old women—including the husband—telling you what to do and what not to do. If you have charge of the case be the boss or get out.

Ninth. "Don't" try and make your fellow doctors believe you can always diagnose the position and presentation. It is hard to get away with, although Edebold did make all the doctors believe for a while that he could palpate the normal appendix.

Tenth. In closing I wish to say:

If your lips would save from slips,
Five things observe with care,
Of whom you speak, to whom you speak,
And how and when and where.

GOOD ADVICE TO NURSES.

Extracts from Dr. Donohue's Address to the nurses, who graduated from the St. Peter's General Hospital, New Brunswick:

It has fallen to my lot, as President of the Medical Staff of St. Peter's Hospital to give you some advice and to speak to you some words of encouragement.

First of all—Never allow a stain to come upon the reputation of your Alma Mater by any overt act of yours. Remember your careful training, keep in mind the beautiful example which you have had before you in the good Sisters, who have had charge of your studies. See their simplicity—note their submission without a murmur to authority—note their obedience to the will of those in authority over them; and if these good women can educate themselves to that degree of submission, how necessary it is that you young women who are to go out in the world and care for the sick and injured—follow their example in that respect.

You will be called upon many times when your patients are made irritable and mentally changed by disease; where the surroundings are not what you had been accustomed to, where the attending doctor, perhaps is not all that he should be, and when your patience and your judgment may be sorely tried, but if you keep before you the noble example of your Superiors in the Hospital, and determine to follow their example, I am sure that it cannot help but redound to your own credit and to the credit of the institution from which you have graduated.

It has been said that worry kills more people than hard work, and I am a firm believer in that maxim. Do not worry about your cases. Do all that you can for them, and all that you are directed to do by your physicians in charge and angels could do no more. Make your life limit twenty-four hours every day, that is, every hour that you work put your whole soul into that hour.

Be solicitous about your patients, but do not allow worry to take possession of you. It has been well said by Dr. Osler that if we could touch one button in our bodies and blot out yesterday—touch another button and forget the morrow, we would all live a great deal longer and be much happier. He meant by that, if we could get along without any worry, we would all be much better off.

Be loyal to your doctors. Remember you are the doctor's assistant in the case, and you have no right to change your position. The doctor is chosen by the patient, or his family. They have perfect confidence in him, and you should not try to disturb that confidence by any speech or act. Follow the doctor's directions closely. You are not responsible for the outcome of the case, the responsibility rests somewhere else.

Be true to your patients. Always tell them freely and truthfully what you honestly think. You may be mistaken in the opinion formed, but if it was honestly formed by you, you should express it honestly to the family. Nothing is gained by equivocation, and very often you lose the confidence and respect of the family if you do otherwise than tell exactly what your opinion is.

Be cheerful in your work. Nothing is gained by a face as long as a yard-stick or a tearful eye. You may be sympathetic, but do not express it by these characteristics, a cheerful countenance, a pleasant smile—are great stimulants to people who are ill, and inspires confidence in the patient, which is often a great help in his recovery. These are words of advice which I wish to impress upon you.

Now as to encouragement—Remember yours is one of the noblest professions to which women can aspire, the intelligent care of the sick and the injured—a profession which has had among its members the names of many noble and true hearted women.

The Encroaching Nurse.

In a communication to Clinical Medicine, Laura M. Plantz says:

"Your article in a recent Clinic, on 'Encroaching Nurses,' is timely and needed. I was glad to see it. You have 'hit the nail on the head.' Women are extremists, emotional, excitable, and wilful, the very qualities that make for good in her God-given sphere as wife, mother, and teacher; but, perverted, they will dare to go 'where angels fear to tread.'

"Their capacity for good or for evil is amazing, wearing the crown of womanhood, wifehood and motherhood, yes, and spinsterhood, they are the 'reserve moral power of the world'—nurses in the home and everywhere—conscientious, efficient, reliable. Pushed to the front like soldiers, usurping the public places of men, their moral perceptions are weakened and mowed down by the bullets of ambition and a desire to outshine the men. Hence, the nurses you describe. Hence, the aversion to motherhood and domestic duties.

This attitude of women has been urged on by the press, the newspapers and magazines constantly harping upon what they are accomplishing in masculine fields of labor, until they already believe they are far more competent than men, could be better presidents, better officials in every position, and, as nurses, know more than the doctors—and, the pity of it is, deceive them. No one doubts the capacity of women to do anything, from climbing the highest mountain or outdoing men in the scientific or financial field, to descending to the lowest depths of moral degradation. Indeed, women have the capacity to be angels or to be devils."

The Doctor's Position and Economic Problems.

Healers of Men.

ALICE WELD TALLANT.

(Dr. Tallant, who is Obstetrician-in-chief at the Women's Medical College of Philadelphia, wrote this poem for one of her graduating classes, and read it at the 1897 class supper at commencement.)

You have chosen the noblest work in the world,
Are your hearts then strong to serve?
Are your bodies clothed with a cloak of strength?

Have you steel in your every nerve?

Not yours the life of warmth and ease,
With time for home and a friend,
Not yours to strive in the sight of men,
With a prize of gold at the end.

Where sin and want walk hand in hand,
Men shall call, that you make them whole;
In the deepest pit of our human shame
You shall grope for a woman's soul.

You shall match your strength with the power
of death
And give your soul to the strife,
Reward enough in the throb of joy
When you know you have saved a life.

And though you meet but the black defeat
That sickens you, heart and brain,
There still abides what shall stir your soul
And arm you to fight again.

No grateful people shall raise a shaft
To blazon your glory high,
Though your life was spent to serve their needs,
Though it be for their lives that you die.

And still from the day that you leave the schools
Till the end when your course is run.
Your work is the noblest work in the world—
God bless you, every one!

The General Practitioner.

Remarks by a former president of the Canadian Medical Association, in speaking of a deceased member:

He it was or such as he that Luke Fildes had in view when he painted that great picture, "The Doctor," nineteen years ago. Sir Mitchell Banks, of Liverpool, England, made the following reference to it in 1892: "Of the hundreds of medical men who have stood before that picture I am sure there was not one whose pulses it did not quicken with pleasurable pride, or who left it without thinking that it already had been, and again would be, his privilege to fight against pain and suffering and death like his colleague on the canvas. Note where the scene of the picture is laid—not in some rich man's mansion, but in a workingman's cottage. With admirable skill the painter has pitched on the early hour of the morning for the time. * * * The sick child, worn with the raging fever, lies spent and

exhausted. Till then the parents have been fighting on with their nursing, soothing, caressing, encouraging their little one, and hoping against hope seems all that is left to them. And there sits their friend—the gentle doctor—watching with them, and still puzzling his brains to think what more he can devise to stay the lamp of life flickering out. He is no courtly physician, no London specialist, that man (thank God!). He is only a country doctor. But his somewhat rugged face tells of honesty, and common sense, and self-reliance, and gentleness. What more do you want? The men that look like that man, whatever be their business or trade or profession, whatever be their business, I say, of such men is the kingdom of heaven." The original picture is now in the Tate Gallery, London. We do not pretend that the majority of physicians are saints or heroes; but we do contend that the practice of our profession furnishes grand opportunities for good work in the interests of suffering humanity. We are proud to think that in all parts of Canada there are physicians who are making the most of such opportunities.

The Family Doctor.

Extracts from an article in Clinical Medicine, May, 1913, by Dr. J. H. Driston, of Portland, Oregon, on "Things That Are Not Fallacies."

Let us see for a moment whether we have not changed greatly in a few years. There used to be an institution known as the family doctor. Such a man was my father as he dwells in the memories of my childhood. But our day is one of such extreme specialization that half of the time when a patient comes to visit us it is merely to ascertain just what specialty his case belongs to. What used to be "our families" now have this one who treats their skins, the other who fixes their eyes, one who attends to their rectal troubles, and another who looks into their stomachs. The family doctor, with all the confidence that he inspired, is becoming but a memory. For my own confusion I must admit that our specialties are represented by men of rare talents and skill, and they practice medical ethics to the very letter. Indeed their behavior in the latter regard sets an example that all of us would do well to follow.

As for me, I am somewhat old-fashioned. Give me back the days of my father, when the family doctor was the man beloved. He might commit sins of omission, but never of commission. He was the soul of honor; his bond was his spoken word. He was the councilor who never led astray, who never earned a dishonest dollar, who never smirched the good name of a woman, who held in the paths of virtue the feet of those gentle ones who walked near him. He died revered by all who knew him, and he dwells sweetly in their recollection until all shall have joined him.

Doctor and Patient.

Dr. James G. Mumford, Boston, Mass., in "A Doctor's Table Talk," says: "The physician at a patient's house, on the one hand, or in his own office on the other, occupies somewhat different roles; not that in the one case he is guest, and in the other case host, though in

some slight measure that is the fact, but because the doctor has far better control of his patient and of his own time at her house than in his office. Observe the 'her.' The majority of calls are from women.

When at her house you ask your questions, make your examinations, give your directions and go. Prompt, kindly expedition gives a sense of your efficiency and dignity. Rarely is it necessary to stop for gossip. In your office, on the other hand, you may be at the mercy of a heedless or selfish patient. A very busy consultant, with a trained office attendant, can have patients shown in and out rapidly at the touch of a bell; but the average practitioner, with his small and irregular office practice, must suffer the whims of the heathen. Don't hurt their feelings unless they be mere humbugs and bores. Bear with them as long as you think proper, then rise and get rid of them by the plain statement that you are busy, or that patients by appointment are awaiting you—as the case may be, and you will see them again that day week. Some day I must write a book on the misery of a doctor's consulting room from the doctor's point of view. In these days of trained nurses and social service workers it is comparatively easy to get your directions for treatment carried out in the case of bed patients and of serious illness; but in the case of office patients you are never sure. Write out full and explicit directions for every patient, whether he has a nurse or not. Thus will you be sure of obedience. The spoken word is as snow in the desert."

Public Education a Duty and a Responsibility.

The education of the people on public health matters is not only a responsibility but also an unavoidable duty. The people are interested in public health questions to-day as never before. They want knowledge and they are going to have it. If the medical profession does not give it to them, they will procure it elsewhere as best they can. The duty and necessity of professional activity in this direction have been generally recognized. It must also be recognized that the assumption on our part of this responsibility carries with it an obligation to abstain, both individually and collectively, from anything which may impair our usefulness in this particular. It is of the first importance that the public, if it is to look to us for instruction on health matters, must be able to place reliance in any statements we make, either as individuals or as organizations. For this reason, the utmost care should be exercised as to the accuracy of all exhibits and statements made for the public's use. Exaggerations or unwarranted assumptions should be avoided carefully. The place for the discussion of theories, unproved hypotheses, evidence of doubtful value and general statements lacking positive proof to support them is in professional circles and before scientific audiences. Only those facts which are proved beyond question, those theories which have been tested in every possible way, and those opinions which have been accepted by the majority of scientific men have any place in public exhibits or demonstrations. Exaggerated statements, deductions based on incomplete evidence and favorite theories or pet hobbies of one person or another are out of place in such exhibits. The mass of the people,

however interested they may be in health topics, have not the necessary training or knowledge of scientific data to enable them to distinguish between demonstration and assumption in scientific matters. We can best secure the confidence of the people by using the utmost caution and conservatism in presenting scientific truths, and by avoiding overstatement, exaggeration, inaccuracy or unwarranted enthusiasm in any material which is placed before them.—Exchange.

The Proprietary Evil and Gullible Doctors.

Dr. James E. Reeder, of Dyersville, Iowa, in a communication to the Editor of the A. M. A. Journal, says: "After reading your knocks and boosts of the issue of October 19, I think that the term 'gullible doctors' might be applied to the profession in its relation to the proprietary evil. It seems as if there were a large percentage of the profession waiting for some salesman to come along and hand him green or pink pills, telling him that they are good for almost everything, from nephritis to the vomiting of pregnancy, and explaining how much more cheaply than the other fellow he can sell to you. It was only the other day when one of these men walked into my office, pulled out a concoction of some kind and started to tell me that it was good for nephritis. I asked him what nephritis was and he said, 'Doctor, I didn't come here to be quizzed; I am here to sell you goods.' I asked him how he knew so much about it. He said in so many words, 'You see, we are called into the House for which we sell and are coached along those lines, while in reality we don't know what we are talking about.'"

It seems as if the average physician could not say "no" to these semiparent medicine agents, and this accounts for the number of thrifty proprietary houses which are supported by the "gullible doctor." If the average man will just "mix a few brains" with his prescription work and not depend on the inert proprietary drug, but insist on his prescription being filled with drugs from a reputable house, I feel sure that more of us would have much faith and better results in our drug therapy.

The Business Side of Practice.

Extracts from a paper by Dr. J. L. Atkinson, in the Kentucky Medical Journal.

The work of the physician is not a money-making work. There are two leading reasons why this is true. First and most potent of these reasons is the fact that the work of the true physician is essentially unselfish, humane, and altruistic, and if sordid gain is the ruling purpose of his life, the highest and best elements in his nature are overshadowed by the desire for gain, the unselfish devotion to the service of helping his fellowmen, is held in abeyance by his devotion to self-interest, and the links that should hold him in fellowship with the Divine Healer, and the good samaritan, are broken. The second reason is that the work of the physician is such, that much of his time and labor must be given to people who cannot give in return a commensurate monetary reward. * * *

I do not believe that we, as physicians, should make a business of our profession—that we

should follow the lure of the American dollar when it draws us away from the near-divine work of alleviation of human ills, but I think the business side of the practice of medicine might be much improved without hardship on the people whom we serve.

The expenditure of physical energy required in the work of the physician is so great, that the conservation of that energy requires that the physical man should be well cared for, which can be done only by having an income sufficient to supply his daily needs, and some of the comforts of life. Also the requirements of the present time, that the physician keep pace with the advancement of his profession, necessitates the expenditure of considerable money on books, current literature, and appliances, so that he may give his patients the best in present day treatment. So the demand on the purse of the physician, for his physical and mental support, are such that he should have an adequate income, and free from the fear of meeting unpaid creditors, or facing the probability of his declining years being spent in want. * * *

No set rule for conducting the financial part of practice, or in other words, the collection of medical bills, is applicable to all sections of the country, and all communities, but there is one phase or principle of the subject which I think will be found quite effective everywhere. We should treat our patients, both medically and in conversation, as though we fully expected just compensation. Indicate that we expect nothing less. * * *

To sum the matter up I would say, the first duty of the physician should be to do his whole duty to his patients, by skillful, kindly, and careful attention to his work, and the second duty is to himself in expecting and tactfully demanding, a just monetary reward for such services.

Extracts from a paper by a layman—Mr. Francis Hiller—in the "Maine Medical Journal."

To what an extent the abuse of medical charities has been carried, you of the profession do not need to be informed. It is not an evil that is disappearing of itself. Dr. Stephen Smith, former Director of Public Charities of New York City and member of the New York State Board of Charities, said before the National Conference of Charities and Corrections in 1898, after a careful investigation, that the ratio of those applying for medical charity in New York City to the whole population of the city rose from about sixteen per cent. in 1860 to forty-nine per cent. in 1895. Is it not remarkable that the most extensive and costly charities of all, the medical, should be administered with so little discrimination? The truth appears to be that the medical profession have been so absorbed in the purely medical side of hospital and dispensary work that the wider social significance of these institutions has been lost sight of, as well as their own private profit. The methods which Dr. Smith found in use are, I suppose, those which have invited the same abuses elsewhere. He says: "In many institutions the only method pursued is to ask questions about the income and cost of living of each patient, the purpose of which he immediately apprehends and answers accordingly. A large number of institutions report that they

determine the ability of patients to pay by their personal appearance; and others frankly admit that no attempt is made to discover the patient's worthiness."

During the past fifteen years, there has been an increasing appreciation of the evils of this abuse. It is not alone that there is a financial loss to the legitimate private practice of physicians. A physician himself has said, "The only question is the moral question, and the bearing of the abuse of charities upon the income of physicians is secondary. While the physician is justly entitled to proper remuneration for his labor, the profession of medicine is entirely unmercenary. The higher aim, indeed, of the physician is the prevention of disease, which necessarily reduces his income." Of greater consequence is the diversion of public money from other uses, even medical uses, such as the care of the insane, feeble-minded and epileptic, and other public uses, in order that well-to-do beggars may have free medical treatment, or treatment at nominal cost, in institutions maintained wholly or in part by the State. Hospitals and dispensaries have advertised for patients in order that the figures in their annual reports might be swelled, and form the basis of appeals for bigger appropriations. Institutions have been unnecessarily multiplied in many States, and their efficiency consequently impaired. And from the social worker's point of view, a most serious result is the effect upon the characters of the persons and families who have unworthily profited. One need not look far for strong statements, from medical men as well as social workers, to this effect. Says one, "Medical charity is the greatest pauperizing agency of a great city." * * * From free medical advice and treatment it is a short step to free medical supplies, and from them to free sick diet, free provisions, coal, rent and clothing.

Mr. Hiller then discusses at some length methods of correction. Among them the abolishing of the nominal fee system in dispensaries because it disguises charity. He says: Placard the dispensary and clinic waiting rooms conspicuously to the effect that only those unable to pay are entitled to free treatment. Then adopt the same method that is bringing order out of chaos for other charitable activities—carefully investigate applicants for free treatment

Medical Fees.

An old story has it that once on a time a man called at the home of a physician in a small country town and asked him how much he would charge to go to a point five miles in the country. On receiving the reply that the fee would be \$2.50, he told the physician all right, but to be in a hurry. The physician hastily dressed, hitched his horse and, taking the man in the buggy, drove in a lope the entire five miles. On arriving at their destination the man paid the physician the \$2.50, informing him that no one was sick and that the liveryman would have charged \$5 and would not have made such good time. The truth of the point of the story is driven home when we remember that we will drive across town and administer to the sick cheaper than a taxicab company would send a car with a \$7 a week chauffeur.—J. C. Ayres in Memphis Med. Jour.

Editorials from Medical Journals

Shall the Dues to the State Society be Increased?

(From the Journal of the Missouri State Medical Association, October, 1912.)

No one dare question any longer the value of the State Medical Association to the physicians of this state. We are steadily advancing in the estimation of the public, our sphere of usefulness and our influence in all directions have become greater. To the physician himself the value of compact organization is so great and so self-evident that but very few who wish to be abreast of the times persuade themselves to stand aloof and alone. With the establishment of the defense feature, the value of membership has become still greater to the individual.

The perfection and maintenance of the organization is necessarily attended by considerable expense. In spite of the most rigid economy the State Association's affairs, more especially the continuation of the defense feature, will be considerably jeopardized unless means are devised by which our treasury can be increased. The only source from which more funds can be provided is by increasing the annual dues. Before a proposition to do this is submitted it should be thoroughly discussed by the county societies, and we suggest that during the coming winter the matter be well considered by the county societies so that the delegates elected for the 1913 meeting will come prepared to vote in conformity with the wishes of their constituents on the question: Shall the dues to the State Association be increased?

(From the same Journal, February, 1913)

Several county societies have taken voluntary action in requesting a raise in the state assessment, and one county society did raise its dues sufficiently to pay a state assessment of \$4 per member, being under the impression that the House of Delegates had so ordered, and "they were willing and anxious to do their share and stand ready to do so now."

Public Meetings.

From Wisconsin Medical Journal, April, 1913.

We should never lose sight of the fact that the county society is working primarily in the interest of the public and while we are educating ourselves, the public through the county society, should be educated to an appreciation of medical ideals. It should be taught the true relation of the physician to society. It should know and understand what medical organization stands for, that we may receive the co-operation of the people in the work we are trying to do for them. An open meeting should be held each year to which the other professions and the public are invited. These meetings should be devoted to a discussion of some public welfare work.

The Madison County (Illinois) Society last year invited the legal fraternity to one of their meetings with "Law and Medicine" as the subject. This year they have invited the editors of the county to attend the meeting and discuss "The Relation of the Press to Medicine."

What could be more productive of good than a meeting of this kind? It gives a chance for a sane discussion of advertising. The question of what is legitimate news as it affects the doctor could be opened up. The advertising doctor, the doctor who arrives just in time to save his patient and then tells the reporters all about it, the man who tries to gain an advantage over his professional brother by calling public attention to his wonderful skill, in the home paper, could all have their inning!

It can hardly be expected that the public shall be familiar with medical ethics nor should we wonder that they fail to appreciate them. They do not understand. The education of the public along these lines is work for the county medical society!

The New Owen Bill.

From the A. M. A. Journal, April 26th.

Senator Owen has introduced a revised bill providing for a national Department of Health; the text of this Senate Bill No. 1 appears in this issue. In discussing the tie vote by which the Senate of the Sixty-second Congress declined to consider the Owen bill at that time, The Journal stated that it was generally understood that Senator Owen would redraft and modify his bill and would introduce it at the next session of Congress. The hope was also expressed that the new bill would go back to the original plan and provide for a Department of Health with a secretary in the cabinet. The new bill follows the general plan of organization provided in the former bill, but creates a Department of Health and provides for a Secretary of Health. The present bill is by far the best measure which has yet been presented on this subject. It contains all of the strong points of preceding bills without any of the objections to which previous bills were subject. The return to a plan for a Department of Health is commendable. In the United States Public Health Service we already have a strong, efficient and rapidly developing bureau. In order to justify itself to the friends of advanced health legislation, any proposed change must provide for something larger, better and stronger than the existing health machinery. The movement for a department has gained strength enormously during the past three years. The opposition to it has crystallized in a constantly diminishing group of objectors, while public support for such a measure has been growing as its object and purposes have been better understood. The silly objections which were at first raised against the measure have been completely met. The establishment of a national Department of Health will not and cannot create a "medical trust." It cannot interfere with the rights of any citizen or with the authority of any State. It cannot have anything to do with the individual treatment of disease or with the administration of drugs. These facts have been proved repeatedly to the satisfaction of all those who really wish to know the truth. The only objectors left are those who are too ignorant to be able to understand, too fanatical to desire to understand or too mercenary to care for anything except the possibility of interference with their private gains. The educational value of the efforts that have been made in the past are well worth the cost.

The Successful Doctor in Seventeenth Century.

From the British Medical Journal.

Bernier, in his *Historie Chronologique de la Medicine* (Paris, 1695), gives a summary in verse of the whole duty of medical man. The doctor who aspires to success, he says, must not be modest, but must do all he can to push himself forward, talking confidently with his brethren. He need not bother about further study, but should use every effort to establish useful connections. For introduction into families women are useful. Fashionable ladies, devout women, coquettes—all should be conciliated. Every one, even the meanest servant, should be cultivated. The young doctor should bring all his science to bear on satisfying fools. Let him remember that what one says of him another will repeat, and it is from this gossip that celebrity springs. To get the reputation of having much business he must take care not to be found at home; when he is in bed, let his servants say that he has been called out to a case. Let him give out that he has to be up whole nights; that the longest days are too short for him; that he is called everywhere; in short, that the practice so much sought for by others comes to him against his will and overwhelms him. Even when his trouble is poorly paid, he should speak of the big fees that are forced upon him for a visit. This hint scattered among good friends may wake up those who are asleep. The young doctor should dress as much like a man of fashion as possible that he may gain the good graces of the ladies. In the street he should bow to one side and the other, courteously saluting every one he passes. He may ride in a chariot or be carried in a chair; two carriers in the street attract much attention. Let his successes be attested by dukes and marquises. Everything, it is urged, that can advance one's interest is legitimate; even self-praise is allowed. If some parts of this exhortation remind one of the arts of Mr. Robert Sawyer late Nock-emorff, one has the satisfaction of knowing that at the present day the arts which were considered necessary to success in medicine in the seventeenth century are extinct. The puff, direct and oblique, self-assertion, subtle detraction, intrigue, and the whole art of scheming to attain the lofty ideal *monstrari digito et dicere*, *Hic est*—of course all these things are unknown in this age of professional probity, or at any rate are condemned by all high-minded practitioners as obsolete and dishonorable.

The Serious Side to the Friedmann Episode.

From an editorial in American Medicine.

Without the slightest exaggeration, it can be said that no recent event—or series of events—for it has been more or less of a continuous performance since Dr. Friedmann came to New York—has given so much material to those who are ever ready to accuse the medical profession of insincerity, commercialism, premature claims, ethical hypocrisy, etc. As a consequence, innocent as are American physicians in the whole unfortunate affair, the American profession have suffered a hurt, a loss of the respect of the great American public that will take years to replace. The exceptional amount of publicity given to Dr. Friedmann is doubtless responsible to a certain extent for the widespread character of the harm done, for an enormous number of people have had a chance to follow the whole sordid affair to its recent not unexpected termination. Hund-

reds of thousands will repeat, "I told you so," and with the positive claims, the spectacular secrecy, the loud and oft repeated protestations about serving and safeguarding the poor, and the final commercial outcome in their minds will unfortunately look upon the whole affair as a general medical proposition and not as the personal bargain of a comparatively unknown foreign medical man who has no connection whatsoever with the American medical profession. So the principal harm and injury from the Friedmann episode will come from the hasty and unwarranted deductions drawn by those who will view the whole matter superficially. Let no one understand that we are denying Dr. Friedmann's right to enter into any negotiation that he sees fit, or the laws of the land allow. What we do maintain—and this is our excuse for discussing the proposition at all—is that since Dr. Friedmann chose to make his original communication to his professional colleagues, and has sought throughout the support and corroboration of medical men, he has given us the right to expect the fulfillment of obligations voluntarily assumed and an honorable adherence to the established usages of profession. Whatever may be the final verdict of the scientific world concerning the specific value of Dr. Friedmann's vaccine—nothing definite having been determined as yet—it is a fact that this man has outraged every sense of professional propriety, and abused in the most astounding manner the courtesies and considerations extended to him for the purpose of proving the correctness of his claims and the efficacy of his treatment. Genuine sympathy is felt for those honest physicians who accepted Dr. Friedmann's protestations in good faith and worked with him with trust and confidence in the sincerity of his motives. Doubts and fears, however, that would not down, grew rapidly as Dr. Friedmann's sojourn in Providence was protracted and the last vestige of belief in the purity of his intentions vanished like the dew when the statement at last appeared announcing the sale of the American rights to his remedy!

Chiropractors Legalized in Kansas.

From the Missouri State Society Journal.

The Kansas legislature has passed a bill legalizing chiropractors and the newly elected governor, it is said will sign the bill. We have not seen the bill, but if it is anything like the iniquitous measure the chiropractors attempted to pass in the Missouri legislature through House Bill 650, the legislature of Kansas has proved recreant to the trust imposed in it by the people of that state. Instead of protecting the welfare of the people, this law will permit a horde of quacks and charlatans to deceive and defraud the people of both health and dollars. It is a retrogressive step and wholly unexpected of the state which passed the first law to abolish the common drinking-cup. In The Journal of the Kansas State Medical Society for March we find the following.

"As we go to press word has just reached us that Governor Hodges would not veto the bill which passed both houses and became a law, legalizing chiropractic. It provides that the chiropractors shall be recognized and permitted to register as such and even gives them a separate board of registration, consisting of three chiropractors, one preacher and one school teacher. It is hard to believe that Governor Hodges would permit a bill of this character

to become a law. We can only say at this time that he has violated the trust imposed in him by the medical profession. He knew this bill was an injustice of the worst type and will do immeasurable harm and then he refused to put on it his stamp of disapproval. And that, after receiving the support of the medical profession, at the recent election which made him governor, he refused to listen or heed to the counsel of the physicians of the state. All of which shows the basest ingratitude and a dense ignorance of the needs of the people of the state. We are genuinely sorry—sorry that we have helped to put such a man in the governor's chair."

There is a lesson in these lines that every physician should heed. We have no doubt that the medical profession in Kansas will in future know beforehand what an office seeker contemplates doing in connection with public health matters before voting for him and working for his success, and will not be satisfied, as it seems they had to be in this instance, with vague and non-committal expressions that the profession would be consulted on subjects concerning which none but the educated and trained physician can speak with authority.

Some Expert Testimony.

From the Pennsylvania Medical Journal.

There are times when the result of a trial depends upon testimony regarding medical matters about which there is a difference of opinion among competent medical men, and in such cases where the life, liberty or property of an individual is at stake it is not surprising that the testimonies of physicians differ somewhat or even seem to be contradictory. It requires a wide stretch of charity, however, to believe that certain physicians from Buffalo were actuated solely by a desire to advance either medicolegal science or justice when they appeared in court in Elmira last month in an attempt to overcome the physicians who had testified in defense of a young woman's honor.

A girl of nineteen and a married man, the pianist and chorister respectively in an evangelistic party, were on trial charged with adultery. As soon as the arrest had been made it was publicly charged that the whole matter was a frame-up on the part of certain liquor interests that had been publicly criticized by the leader of the evangelistic party. After the arrest the girl was at first denied permission to communicate with her friends, was locked in a cell, searched and given the third degree instead of being at once presented to the recorder who was at liberty in the same building. The two principal witnesses against the girl were detectives from Buffalo hired by a man, who had been criticized by the evangelist, to come to Elmira and spy upon the party which was stopping at a hotel. On the stand these detectives contradicted each other, and in fact every important witness for the prosecution contradicted some one or more of the prosecution's witnesses in some point. Not a single witness testified to having seen anything of a compromising nature between the two defendants. The detectives did testify that they heard some parties supposed to be the defendants in a certain room from 11:20 a. m. until 12:05 on a certain day, and on this testimony the arrest was made thirty-six hours after the warrants were sworn out and delivered to the chief of police, against whom formal charges of conspiracy, growing out of this ar-

rest, were made before the trial began. Many reliable witnesses testified that at the hour when the crime was said to have been committed the defendants were far from the hotel and a mile apart from each other. A man who was said to have attempted to bribe one of the jurors to "hang the jury" was arrested at the time and place said to have been agreed upon as a meeting place, and the one hundred dollars said to have been agreed upon as the first payment was found on his person in a roll separate and apart from his pocket book. All this evidence had been widely published and evidently was known to the Buffalo physicians, who sat with the attorneys for the prosecution during the examination of the local physicians. The girl, naturally anxious to defend her honor and to counteract as far as possible the damage done her reputation, had submitted to a physical examination by four experienced local physicians, who testified that in their opinion, based upon the examination, the girl could not have been guilty of adultery.

After all this exposure and testimony the two Buffalo physicians without having examined the girl went on the stand and tried to belittle the examinations and the conclusions of the four reputable Elmira physicians, any one of three of whom has had more experience than either of the Buffalo men. The fourth Elmira physician, a woman, is no novice, having had eleven years' practice among a female clientele, graduating from the University of Buffalo only one year later than the expert from that institution. The Buffalo experts admitted that they had assisted in the formation of the hypothetical question propounded by the prosecution and readily answered by them, and they refused to express any opinion upon a hypothetical question asked by the defense. They also testified that they were hired by the same man who had hired the detectives and that to him their bill would be sent. In justice to the medical profession of Buffalo it is only fair to give the names of these experts, Drs. E. J. M., Adjunct Professor of Clinical Surgery, University of Buffalo, and L. G. H. It may be added that the jury after being out of the court room only six minutes returned a verdict of not guilty.

Editorials from the Lay Press.

Last Stages of the Friedmann Episode.

From the N. Y. Tribune, May 27.

The request to the Health Commissioner by Dr. Joseph J. O'Connell, the Health Officer of the Port, that the use of the Friedmann tuberculosis cure be suspended, pending a further study of its workings, voices a distrust of that cure which has now become general. The originator of the turtle germ treatment never did anything which inspired confidence in his character as a scientist or a practitioner influenced by disinterested or humanitarian motives. On the contrary, he did much to prove that he conceived himself to be engaged in a purely commercial enterprise.

The public was not prepossessed toward his cure by his personality and attitude. It hoped against hope that some great good for the world might be accomplished through what it deemed a rather unworthy instrument. That hope is now pretty effectually dashed. It looks as if the turtle germ cure would cut no greater figure here than was cut by its on-a-business-basis-only inventor.

Doctors and Pastors of Other Days.

From the New Brunswick Home News.

Occasionally these questions are asked: "What has become of the old family physician?"

"Why are the pastors of to-day so unlike those of forty years ago?"

And there are good reasons for propounding these questions. As to the family physician, he has changed with the times. The modern physician usually delegates to the pharmacist the preparation of prescriptions and the patient takes the risk of swallowing something that was not intended for him. Formerly the family doctor was the family confidant, and the day of specialists and big fees had not come. It was more of the ministry of healing than the exaction of big fees, the general health being as good and the death rate about as low as now. The physician was the friend of the family, as well as the medical adviser. We have had progress along medical lines, but we have also acquired a lot of new diseases, or else old diseases have been given new names.

Is there an old resident who does not remember with affection the late Dr. Morrogh, the late Dr. Williamson, or the late Dr. Baldwin?

"As to the old-fashioned pastors, there are only a few of them in these days. Perhaps the sermons we hear now are more elegant in diction, more learned, more classical and have less of sheol in them; but the old pastor who used to know the first name of every member of his flock, who used to visit and pray with every family, who used to exert his personal influence to keep the young in the path of rectitude and who shared in the joys and sorrows of his parishioners—is he not conspicuous now in his rarity?"

"For the old-fashioned pastor who studied one's spiritual wants, and the old family physician, who ministered to one's physical wants, there will always remain in the hearts of the older citizens the most affectionate memories."

The History of Medicine—One of Sacrifice.

(From the St. Louis Republic.)

The history of medicine is a history of sacrifice for the good of man. The physician encounters more hopeless misery and unutterable woe than all other trades and professions combined. You will find him everywhere; now among his star patients, who really pay him what they owe; now doing a thankless job of surgery in some public hospital, or bending over the form of some lone woman dying in a garret; but through the gloom and sorrow, in the path of pain and the way of death, his urbanity is never lost and his patience, like the celestial virtue, endureth forever. He may not be a saint. Oftener than otherwise he professes no creed; but when he enters the sickroom one may almost hear the sad, sweet words, grown mellow in the echoes of two thousand years: "In the world ye shall have tribulation, but be of good cheer; I have overcome the world."

Small clinging pieces of adenoid tissue which have not been removed by the curette will very likely set up an inflammatory reaction on the posterior pharyngeal wall which is more distressing than the adenoids themselves.—*Amer. Jour. of Surgery.*

Severe neuralgic pain over the bridge of the nose indicates pressure on the anterior ethmoidal nerve probably due to a high deviation of the nasal septum.

Medico-Legal Items.

X-Ray Suits.

The Supreme Court of the United States on April 8 handed down the first decision it has ever rendered covering suits for damages for injuries resulting from the use of the X-ray. The justices hold that in such cases the burden is on the plaintiff to show that the defendant, a physician in the case under consideration, was negligent, and that the physician need not prove that he was not negligent. The decision was made in a case brought by a patient against a physician in Washington, the patient claiming damages for burns caused by treatment with the X-ray.

Instructions to Jury—Malpractice.

In an action for malpractice, which resulted in a verdict for the defendants, it was held on appeal that an instruction which simply called the attention of the jury to the inquiry whether, under the evidence, the defendants were negligent in failing to anticipate and provide against the occurrence was held not to be harmful to the plaintiff, where the court also told the jury that it did not intend to indicate to them any opinion as to the facts in the case or that it had any opinion as to what facts were proven or disproven.—*Steele v. Stanhurst*, Indiana Appellate Court, 98 N. E. 733.

Examination of Expert by Court.

In an action for personal injuries a medical expert was asked by the court what he meant by a relaxed sacro-iliac joint and whether the witness would be surprised if certain other surgeons had said that such cases were extremely rare and that they had only known two or three cases of movement of the sacro-iliac joint. It was held the questions were not improper, in view of the judge's caution to the jury not to consider the matter.—*Beebe v. Greene*, Rhode Island Supreme Court, 82 Atl. 780.

Malpractice—Acts Constituting.

In an action for malpractice in the treatment of a girl of seven, the plaintiff alleged that the girl was suffering from an injury to the sciatic nerve due to a fall from a porch. The defendant was called in three days after this occurrence and at first diagnosed the case as appendicitis and afterwards as typhoid fever, for which he treated her for about 21 days. The patient had been playing about as usual during the two days after her fall. Medical experts for the plaintiff answered a number of hypothetical questions tending to sustain the contention that the child was suffering from an injury to the sciatic nerve, caused by the fall. But these physicians also testified that the history of the case during the two days after the fall would exclude any injury to the sciatic nerve. There was therefore no evidence in the case to substantiate the plaintiff's theory of an injury to the sciatic nerve caused by the fall. The defendant, on the other hand, now contended that the child had been from the beginning afflicted with infantile paralysis. The plaintiff's medical

witnesses testified that the child's symptoms might have been diagnosed by men of ordinary skill in the medical profession as typhoid fever, multiple neuritis, or infantile paralysis, and that the treatment given by the defendant in no way contributed to the subsequent condition of the child. It was held that there was, therefore, no evidence in the case that the treatment by the defendant was negligent or unskillful. The most that could be said was that he did not discover the infantile paralysis. From the evidence he could not cure it if he had. It could not therefore be said that his failure to discover its presence, or his subsequent treatment, was responsible for the child's subsequent condition.—*Brydges v. Cunningham*, Washington Supreme Court. 124 Pac. 131.

Implied Authority of Agent to Employ Physician.

In an action for medical services it appeared that the minor son of the defendant had general permission from his father to operate his father's automobile. While using the machine for his own pleasure, he accidentally, and without fault, ran over and injured a pedestrian, who was taken to a hospital. The superintendent telephoned for one of the plaintiffs, and he was driven to the hospital by the defendant's son, who informed him of the occurrence, and while at the hospital requested the doctor to give the injured boy every attention to save his life. He did not attempt to contract on behalf of the defendant; nor did the doctors communicate with the defendant at any time before the completion of their services. When the injured boy was about to be discharged from the hospital the superintendent informed the defendant that the boy's mother was poor and would probably never be able to pay for the hospital's charges, and requested the defendant to do something towards paying the bill. The defendant paid the hospital bill, informing the superintendent that he was not responsible. He then received a bill from the plaintiffs for their services. He had heard that doctors were attending the injured boy at the hospital, but did not know they were making a claim against him until he received the bill, which he refused to pay. It was held that the son was without authority to bind the father to pay the physicians. In order to authorize an employee to bind the employer to pay for physicians in attendance upon persons injured by the negligence of such servants the employment must have been of such nature that the act of the servant is reasonably within its scope. The cases of general superintendents of railway companies, general managers or agents, etc., go largely upon the corporate character of the employer, the usual practice pursued, and the great exigency which arises in railroad disasters, and the dangerous character of the business. A mere chauffeur in a town where the employer is known and can be readily reached by telephone, or by other speedy and certain means of communication, would not ordinarily possess such authority. Neither would an infant son using his father's automobile under like circumstances. Moreover, the stipulation entered into upon the trial that the boy in charge of the automobile was not to blame for the injuries cut away the groundwork from the implied authority raised from the desire to save the employer from damages caused by the

negligence of the employee. Judgment for the plaintiffs was therefore reversed.—*Habegger v. King*, Wisconsin Supreme Court, 135 N. W., 166.

Therapeutic Notes.

Arteriosclerosis—The Treatment of.

Dr. Thomas D. Coleman of Augusta, Ga., read this paper at the meeting of the Amer. Climatological Assn., June, 1912:

He did not wish to discourage the use of the blood pressure apparatus; it was a very valuable instrument. No instrument could take the place of the finger, nor could any instrument teach as much about the pulse as could be learned by palpation. Daland had shown that the mere application of the cuff in certain neurotic subjects often increased the blood pressure as much as 30 to 40 mm. The widest field for good lay in the prevention rather than the cure of arteriosclerosis. All causes which they knew operated to produce the condition should be curtailed or eliminated as far as possible. There were two parties to this problem: the physician as the educator, and the individual who was willing to profit by his advice. Excesses of all kinds, mental as well as physical, should be shunned. Alcohol, coffee, tea, and tobacco should be used in moderation, if at all. The treatment of arteriosclerosis might conveniently be divided into hygienic, dietetic, and medicinal. Every healthy individual required a certain amount of exercise and the kind and amount should be adjusted to meet the demands of the individual. The mental and physical activities of the individual must be carefully directed. It was a fact that the majority of persons ate too much and nearly all ate too rapidly. In general meat should be indulged in sparingly. In advanced cases, a rigidly restricted diet was at times imperative. Nitroglycerin acted quickly and might be employed for a long time; its chief drawback, however, was its evanescence. It rapidly caused dilatation of the peripheral vessels, and if pushed sufficiently far would cause flushing of the face, headache, etc. The more lasting effects of the nitrates made them more preferable.

Dr. James M. Anders of Philadelphia, Pa., said he agreed with Dr. Coleman that the instrumental measure of blood pressure was after all less valuable than careful palpation; palpation enabled them to estimate the degree of tension by distinguishing between actual arteriosclerosis and high tension, and this was a very important matter from the standpoint of treatment. The successful treatment of arteriosclerosis was the treatment of the cause. The strenuous life of the day was among the chief causes of this condition. In many cases due to this cause the rest treatment, together with vasodilators was highly successful. At the same time they should give a general diet that would replenish the patient's energy. The prolonged use of sodium nitrite would benefit these patients; it seemed to soften the vascular walls and to reduce the viscosity of the blood. If this agent disagreed with the stomach function it might do more harm than good. The benefits derived from sodium nitrite were more lasting than those obtained from nitroglycerin.

Dr. I. Jacobi of New York said that the only

preventive of arteriosclerosis was to diet in time. Arteriosclerosis began at about the thirty-fifth year and it appeared in almost everyone, whether the individual realized it or not. If the person was unconscious of having the condition it was because it was less generally disseminated and more localized in certain spots. So far as the treatment was concerned they had been told to avoid large meals and to eat slowly. Few Americans knew how to eat, especially doctors. One should eat slowly and not drink too much. Dr. Jacobi said he told his patients to take a glass of water and divide it into six parts and then to drink one part every ten minutes. The speaker said he had taken iodine for six months in succession; he could not take iodine for six months in succession; he could not take iodide of potassium and he had seen many patients who could not take it. He had also found that the alkaline salts of sodium in small quantities were valuable. He had seen men seventy or seventy-five years of age with intense symptoms of arteriosclerosis living a comfortable life and attending to their business while taking this preparation. The attacks of arteriosclerosis caused by deposits in the coronary arteries leading to angina might be relieved by doses of nitrites with morphine. He gave one-quarter of a grain of morphine and 1/100 to 1/50 of a grain of atropine, having the patient place it on the tongue and suck it down slowly. He allowed his patients to have a dozen tablets and to use one when the attack came on.—Medical Record Report.

Colon Impacted.

Dr. Da Costa directed, in a case of impacted colon of one week's duration, that an injection should be used of turpentine, 3ss, beaten up with the white of an egg and mixed with a pint of hot water, to be followed by simple hot water and salt. In case this treatment failed, warm sweet oil was to be used. Internally was given:

R Magnesium sulphatis, j.
Acidi sulphurici diluti, gtt. ij.
Elixiris,
Aquæ, of each 3ss.

M. Sig: To be given every half-hour.

At the next clinic the patient returned well, the cure having been accomplished by the injections of sweet oil and a pill of aloes, belladonna, and colocynth, on the third day of treatment.—Medical Summary.

Convulsions—Infantile.

According to Dr. W. A. L. Styles, of Montreal, the rational treatment of infantile convulsions pre-supposes a knowledge of the etiological and pathological factors concerned in its production. Briefly considered, convulsions are either central or peripheral in origin; typical of central type are the acute exanthemata, cerebral abscess, etc., while exemplifying peripheral factors, are gastrointestinal disturbances, foreign body in nose or ear, etc.

Treatment will be discussed under two headings, attack and after treatment.

Attacks: Immediately immerse child up to neck in a warm (100° to 105° F.) mustard bath for five to ten minutes, with ice cap or cold compress to head, followed up by emptying lower bowel with a glycerin enema, given at 70° F. if high temperature is present; add, by mouth, a full dose of calomel or castor oil. The warm

bath is contraindicated in syncope or advanced pulmonary disease. The foregoing treatment will answer admirably in most mild cases.

Should convulsions recur, introduce per rectum one ounce of warm saline, containing chloral hydrate and sodium bromide; to an infant of three months, give two and one-half grains of chloral, and three to five of bromide, while at twelve months three to five grains of chloral and five to ten of bromide are given; this to be repeated at hourly intervals for two or three doses. Ethyl carbamate one and one-half grain, four times daily, at six months, often succeeds when the chloral bromide combination fails. Relief may only come when antipyrine (gr. ss. at six months) is given, with sodium bromide, four times daily. For the rapid control of convulsions, we have two dependable remedies in chloroform and morphine. Chloroform inhalation invariably affords immediate relief, though it may tend to depress a heart already embarrassed by toxemia, in which case ether may be substituted.

Should convulsions continue after withdrawal of chloroform, or despite foregoing treatment, morphine sulphate is to be resorted to hypodermically, gr. 1/48 to 1/24, the former amount for child of six months, the latter when twelve months old; may be repeated half hourly for two or three doses, as necessary.

After treatment is prophylactic and curative in character. After subsidence of the convulsion, we concern ourselves with the etiology of the case; peripheral factors are removed, and cerebral or circulatory disturbances, acute infections, etc., are treated in the usual manner.

Absolute rest in bed, with quiet surroundings, along with a light dietary, daily bowel elimination, and a three day chloral bromide, or antipyrine bromide, treatment to ward off recurrence of seizures.

Hyperpyrexia is to be treated along the usual hydrotherapeutic lines, being a prolific factor in inciting convulsions.

Possible secondary attacks are best guarded against by general tonic treatment—nutritious, digestible food and fresh outdoor air.

Influenza—Cough in.

Of all the symptoms associated with influenza, the bronchitic cough with its tenacious mucus, is the most resistant to treatment. It not only exhausts the patient, but also the wits of the physician. When once the sputum becomes liquified, the patient suffers but little discomfort from the cough. In order to liquify the sputum, the patient should drink freely of hot milk to which has been added some Ems salt or some alkaline aperient, as vichy. The pain occasioned by the racking cough can often be loosened by properly strapping the chest. Internally, the following mixture is advised for the cough:

R Morphinae hydrochloridi.....gr. 3/4
Apomorphinae hydrochloridi.....gr. i
Acidi hydrochlorici dilut.....3ss.
Syrupi.....3ii.
Aquæ q. s. ad.....3ii.

M. et sig.: One or two teaspoonfuls for a dose.

After expectoration is freely established and the sputum is no more tenacious the following prescription is of service:

R Camphor 3. 0
Codeinae
Pulv. rad. ipecac. aa..... 0. 4

M. et divide in pilulae to 30. Sig.: One pill every 2, 3 or 4 hours.—Med. Rev. of Reviews.

An Agreeable Disinfectant.

The following mixture forms a thick cream, a small quantity of which, poured on a plate, soon diffuses an agreeable odor throughout the apartment, acting at the same time as an effective disinfectant:

- ℞ Camphor, parts 20.
Chloride of lime,
Alcohol, of each, parts 50.
Water, parts 58.
Oil of eucalytus,
Oil of cloves, of each, part 1.

Laryngitis—Treatment of.

Moure, in Paris medical, is credited with the following solution, to be used as a spray two or three times daily in cases of laryngitis associated with unpleasant dryness of the mucous membranes:—

- ℞ Sodii benzoatis, Gm. 8.
Sodii bromidi vel iodidi,
Glycerini, of each, Gm. 4.
Tincturæ eucalypti, Gm. 10.
Aquæ destillatæ, Gm. 450.

M. et ft. solutio.—New York Medical Journal.

Pneumonia Treatment.

Dr. M. Packard, in the New York Medical Journal, April 12, outlines the general rules and indications in the treatment of pneumonia. It is well to recall that each patient is a law unto himself, and each individual patient's blood pressure and vascular state probably differs in some degree. Some cases demand vasoconstrictors, such as camphor, caffeine, or suprarenal extract. Others demand only cardiac stimulation, and even a few demand venesection and vasodilatation. The combination of all methods may be required, but it is only by means of the intelligent study of the blood pressure and vascular state that better results can be realized in the treatment of pneumonia.

Psoriasis.

Dr. Ravogli has nearly abandoned the use of chrysarobin, pyrogallol and tar, for the reason that they cause too much discomfort to the patient. He finds that in cases of ordinary psoriasis a salve with white precipitate gives the best results:

- ℞ Hydrarg. precip. alb. gr. v to x.
Bismuthi subcarb.
Zinci oxydi, aa 5ss.
Phenolis, gtt. vi.
Petrolat. alb., 3i.

Ptyalism.

- ℞ Potassii chloratis, gr. xvj.
Tinct. ferri chloridi, f3ij.
Glycerini, f3j.
Aquæ, f3ij.

M. Sig: Teaspoonful every two hours.

- ℞ Acidi tannici, 5j.
Syrupi aurantii,
Glycerini, of each, f3j.
Aquæ. q. s. ad f3vj.

M. Sig.: Use as a mouth-wash five or six times daily.—Prescription.

The best time to draw the urine before an operation is after the woman has been placed

under the anesthetic. The bladder is more apt to be thoroughly emptied and there is less likelihood of infection.—Ralph Waldo, in International Journal of Surgery.

Syphilis of the Heart.

Dr. Orkin, in Berl. klin. Wochenschr.: The investigations of the writer call attention to the frequency with which syphilis is responsible for myocardial changes, especially in young people. Any case of myocarditis, in which some other etiological factor is not obviously present, should be investigated as to the presence of syphilis. The signs that especially characterize syphilitic myocarditis are a sudden onset of the disorder, the early occurrence of angina pectoris, and fugitive edemas about the ankles. In every such case a Wassermann test should be made. Therapeutically, specific treatment alone is of any avail.

Vaginitis—Chronic Gonorrhoeal.

Dr. Doleris, in Paris medical, is credited with the following preparation, which is to be applied locally by means of tampons:—

- ℞ Benzoini,
Camphoræ,
Cubebæ, of each, Gm. 5.
Petrolati, Gm. 25.

M. et ft. unguentum.

Injections of a solution of potassium permanganate should also be administered.—New York Medical Journal.

Vomiting in Infancy.

Dr. J. Sebillieu, in Revue Pratique d'Obstet, Paris, describes the different causes for habitual vomiting in a nursing, stating that treatment can be only tentative at first until it is learned whether overfeeding or underfeeding is responsible for the vomiting or other causes are involved. He has found very valuable a tablespoonful of a 1.7 per cent. solution of sodium citrate added to each feeding or given the child before it is put to the breast. His experience with it confirms the assertions made by American and English writers in regard to its efficacy.

Antitoxin Administration.

Dr. Park, in the Boston Med. and Surg. Jour., says: In administering antitoxin it is essential that the full dose be utilized by the body as promptly as possible. When antitoxin is given hypodermically, the watery constituent is quickly absorbed, leading to the inference that the antitoxin too has gone into the circulation. This is not, however, the case. The important globulins remain in the subcutaneous tissue and are only slowly absorbed in the course of days. It is far more effective, as well as more economical, to administer the antitoxin intravenously. In that case, all of the antitoxin acts at the time when its influence is most needed. Park is not an advocate of the enormous doses recommended by some clinicians; 10,000 units of diphtheria antitoxin given intravenously suffices in children. Larger doses are not harmful but merely unnecessary.

In tetanus, 20,000 units should be injected intravenously at the very first sign of the disease. If only a smaller quantity is available, this should be given at once, time being more important than quantity.

Anesthesia of the Drum Membrane.

N. R. Blegvad of Copenhagen has found that the following solution, applied on a tampon to the drum membrane, produces anesthesia of the latter in about twenty minutes:

- R Cocaine hydrochloride, 1 grain,
Salicylic acid, 1 gram,
Alcohol, 2 grams,
Solution of suprarenal extract, 1 per cent.,
20 drops.—*Deutsche med. Woch.*

Iodine, Use of, in Ophthalmology.

The author has for the past three years used iodine in the form of an ointment, with an anesthetic, as a disinfectant of the cornea, notably after the extraction of foreign bodies. The formula is as follows:

Stovaine, $2\frac{1}{4}$ grains, finely pulverized and dissolved in 5 drops of official oil.

Add, after mixing, preferably on a water bath:

- R Hydrated wool fat, gr. lxxv Petrolatum, 3iiss.

Add gradually the following solution:

- R Iodine, gr. ii $\frac{1}{4}$.
Sodium iodide, gr. ivss.
Water, m xxiv.

Dewaele in Transactions of the Belgian Ophthalmological Society.

The Prescribing of Creosote Carbonate.

C. A. Ewald and A. Heffter recommend the following modes of prescribing creosote carbonate:

- R Creosoti carbonat., 20 grams.
Vini tokayensis, ad 200 grams.
M. et Sig. One tablespoonful t.i.d.
R Creosoti carbonat., 30 grams.
Olei jecoris aselli, ad 150 grams.
M. et Sig. One tablespoonful t.i.d.
R Creosoti carbonat., 15 grams.
Syr. altheae,
Cognac, aa, 15 grams.
M. et Sig. To be well shaken; 10 drops, t.i.d.; dose to be gradually increased.

This drug may also be taken pure, followed by milk, or mixed with fruit jam.

"Handbuch der allgemeinen und speziellen Arzneiverordnungslehre," 1911.

Drug Influence on Extrasystoles of the Mammalian Heart.

Dr. C. P. McCord, in a paper on the above subject, in the *Interstate Medical Journal*, gives the following summary:

1. Results favor Engleman's theory that one function of the heart may be modified without a corresponding modification of the others. Thus (a) potassium iodide depresses irritability, no effect on the contraction; (b) barium chloride depresses irritability, increases the contraction; (c) chloretone depresses irritability, decreases the contraction.

2. Potassium iodide, barium chloride and chloretone, all depress the excitability of the heart. It must be borne in mind, however, that in the present stage this is of pharmacological rather than of therapeutic interest, for barium salts are contraindicated for any practical use on account of their poisonous nature, and the action from potassium iodide is not observed on administration per os.

3 In high pressure the irritability of the

heart is much increased. Therefore, pressure-lowering drugs are serviceable in abolishing extrasystoles in high blood-pressure cases.

Proportionate Dose for Children.

A good rule for proportioning the dose for children under 12 is: Divide the age plus 12 by the age, using the quotient as the denominator of a fraction whose numerator is 1. Thus: Child's age 3; $3+12$ $3=5$; proper dose, one-fifth of that for an adult.

Children require rather larger doses of cathartics, diuretics, and diaphoretics, and smaller ones of narcotics, than those given in the preceding rule.

A saturated solution of potassium iodide contains 80 grains to the dram, of magnesium sulphate 45 grains, and of boric acid $2\frac{1}{2}$ grains. A solution of sodium phosphate containing 70 grains to the dram can be made by adding 15 grains of citric acid. (Temperature about 15° C., quality C. P.)—*Med. Summary.*

Treatment of Diphtheria Carriers by Over-riding with Staphylococcus Aureus.

Drs. Lorenz and Ravenel give their results in the treatment of seventeen cases of diphtheria by the staphylococcus spray. Six patients were subjects of active diphtheria, three were carriers pure and simple, never having shown local or constitutional symptoms of the disease. Almost invariably bacteriological culture of the throat secretions was negative after six or eight applications of the spray, using a combined nasal and throat spray at four hour intervals on two succeeding days, the first swab for examination being made on the third day. The preparation used was a fresh suspension of staphylococcus pyogenes aureus in normal saline solution, or a bouillon culture twelve hours old, the spray being kept at a temperature of 96 degrees F. Sufficient is used to make the pharynx dripping wet, and the nasal cavities are sprayed until the liquid runs down the back of the throat. The writer concludes from his experiments that pure cultures of the staphylococcus will cause a disappearance of diphtheria bacilli when sprayed into the throat and nasal cavity. He finds the treatment most effective in those who are carriers pure and simple.

Hospitals and Nurses' Schools.

The recent cabaret given by the Young Women's Auxiliary of the Orthopedic Hospital, Orange, netted \$1,270.

Christ Hospital, Jersey City.

The work of Christ Hospital, Jersey City, during the past year was presented in the report of the thirty-ninth annual report of the council of that institution. In all 2,174 patients were treated in the hospital proper, one-third of them being free patients. There were 1,323 operations in the hospital proper—378 in the eye and ear infirmary and 2,351 in the dispensary. The total number of cases treated in the dispensary was 5,178, making a total of 7,352 in the hospital proper. This represents an increase of 900 over the previous year.

The receipts of the hospital for the year just closed amounted to \$104,921, as against \$67,036

for the preceding year. The endowment fund, the report states, now amounts to \$53,707, while in addition to that sum a bequest has brought \$50,000 more in prospect. The Abercrombie Guild, a hospital auxiliary, also holds an endowment of \$77,350 for the hospital.

Englewood Hospital.

It is proposed to raise \$90,000 for this hospital for renovating, enlarging, providing for the training school and improving sanitary and other conditions. A canvas is to be this month in Englewood and vicinity.

Paul Kimball Hospital, Lakewood.

This fine hospital was opened for the reception of patients May 1, 1913.

Memorial Hospital, Morristown.

The annual fair for the benefit of the Morristown Memorial Hospital, held in Washington Hall, May 23 and 24 netted about \$3,500.

The hospital will receive \$5,000 under the will of Mr. Joseph Lyman who died recently at Wallingford, Conn.

St. Barnabas Hospital, New York.

In the forty-seventh annual report of the trustees of the Hospital of St. Barnabas it is shown that \$42,558.06, including a balance on hand, May 1, 1912, has been received for current expenses during the year, the balance on hand at the close of the last fiscal year amounting to \$3,635.49. The endowment fund, according to the report now aggregates \$158,000.

The total number of patients admitted for the year ending April 30, last, was 1,317, while the total number of patients treated during that period was 1,393.

The number of patients remaining May 1, 1912, was seventy-six, while the same number remained patients at the hospital May 1, 1913. The free patients numbered 678 and the pay patients 639 during the past year.

In addition to this sixty-nine were classed as partial pay patients. The total number of outdoor clinic patients during the year was 3,193.

The graduates of the Training School for Nurses now number 124, the present enrollment being twenty-three. The pupils, it is reported, have provided their own medical library, classroom equipment, diet kitchen equipment for their institution in anatomy and also the funds for the expenses of the one of their number having visiting nurse experience.

The N. J. State Hospital at Morris Plains.

The commission appointed by the Governor under Senate joint resolution No. 4, introduced by Senator Ramsay, met at the N. J. State Hospital at Morris Plains on May 23rd, 1913.

This commission is largely the result of repeated requests for relief from overcrowding made by Dr. B. D. Evans, Medical Director at Morris Plains. These requests have been made in annual reports to the Governor; in addresses to the legislature and in speeches before various charitable organizations.

The commission consists of Mr. Joseph P. Byers, Commissioner of Charities and Correc-

tions, chairman; Dr. John Nevin, of Jersey City, a member of the Board of Managers of the N. J. State Hospital at Morris Plains, and Dr. Stewart Paton, Princeton, N. J., of the Board of Managers of the N. J. State Hospital at Trenton; Mr. E. E. Reed, of Camden, of the Board of Managers at Vineland and Mr. E. D. Paige of Oakland.

In the Preamble of the joint resolution introduced by Senator Ramsay it was pointed out that there is no reason to hope that the rate of increase in the number of these dependents will diminish; that the resources of the State are even now inadequate to provide for those whose mental deficiency has already been determined and that the overcrowded condition of the present institutions greatly interferes with and lites against the curative treatment of recoverable cases.

The duty assigned to the commission under the act creating it is thoroughly to investigate the provision for the cure of these defectives with particular reference to the following questions:

"To what extent is the present public provision for the insane inadequate?"

"What additional provision is immediately necessary and what further provision is likely to be required in the near future?"

"In what manner can this additional provision best be made that will insure early relief, economy in construction and administration, proper care, curative treatment and custody, adequate State supervision?"

"In what manner, if at all, can the present system of public care of the insane be reorganized so that the highest efficiency, with the greatest economy in their care and treatment, may be secured?"

It is likely that the Commission will take up fully the question of county care of the insane in New Jersey. The State pays the same per capita for the insane cared for in county institutions as it does for those in the State insane institutions where the State has absolute control and where a high order of care is given; where treatment must be up to date and modern measures used. Along with these a large amount of scientific investigation and pathological research is done. In most of the county institutions there is little or no State supervision, in many of them insane patients receive almost no daily medical attention and there is no attempt to carry on scientific investigation or any form of research.

Addition to County Insane Asylum.

The Hudson County Board of Freeholders contemplate building an addition to the insane asylum at Snake Hill. The enlargement will be made because the Freeholders believe the present institution inadequate for growing needs. It is said the object of building an extension is to provide a place where the hydro-pathic treatment can be given patients.

St. Peter's Hospital Training School.

The graduation exercises of this Training School were held in Columbia Hall, New Brunswick, May 14, when nine nurses were graduated. Dr. Howard C. Voorhees acted as chairman. Dr. Frank M. Donohue, president of the medical staff, delivered an excellent address to the graduates. Dr. Warren Rice presented the

class to the Rev. Monsignor J. A. O'Grady who awarded the diplomas. The program contained several musical selections.

Mountainside Hospital Training School.

Twelve nurses graduated from this training school at Montclair last month. Res. Dr. W. R. Stearly, of St. Luke's Episcopal Church, Montclair, delivered the address. Dr. James S. Brown, president of the hospital staff, presented the diplomas and advised the graduates to realize at the outset that a large monetary compensation would not be secured by nursing, and if the nurse were not actuated by a devotion to her profession, she had best give it up at the start.

Mercer Hospital Training School.

The graduation exercises of this school were held in the Prospect Street Presbyterian Church, Trenton, May 22nd. Henry C. Moore, Esq., a member of the Hospital Board of Directors presided and made a few remarks on the work of the hospital and its training school. Superintendent J. P. Byers, of the State Charities and Corrections Commission, gave a general talk on the hospital service of the State. The address to the graduating class was delivered by Dr. John B. Carnett, of the University of Pennsylvania. The class consisted of seven young ladies.

Sanatorium's Money Gone.

The Board of Managers of the Hudson County Tuberculosis Sanatorium has asked Supreme Court Justice Swayze to order an investigation into the affairs of that institution, charging that the board of freeholders which went out of office in January spent all the \$100,000 appropriation to pay favored contractors who worked on the building and left nothing for the care of patients. Efforts are being made to get aid from the state, and if this is not done the sanatorium will have to close. It is alleged that the freeholders paid bills which should have been paid out of other funds, built a chapel instead of shacks for consumptives and purchased extra supplies extravagantly. Judge Swayze reserved decision.

Deaths.

TOMLINSON.—At Jefferson Hospital, Philadelphia, May 19, 1913. Dr. Joseph Tomlinson, of Bridgeton, N. J., aged 58 years.

Dr. Tomlinson was born at Roadstown, Cumberland County. He was the son of Dr. George Tomlinson, an able physician with an extensive practice. He received his early education at the district school and afterwards prepared for college at Shiloh Academy and entered Williams College, Mass., from which he graduated in 1875. He then entered the College of Physicians and Surgeons, New York City, and graduated in 1878. He then became an interne of the Charity Hospital, New York City, where he remained until 1881 when he went to Plainfield, N. J., and was associated with his brother, Dr. T. H. Tomlinson, in the practice of medicine for about a

year. He returned to New York City and engaged in general practice and conducted a "quiz class" preparing medical graduates for competitive hospital and army and navy examinations.

In 1887, at the earnest desire of his father, he took up the latter's long-continued practice at Roadstown when Dr. George Tomlinson moved to Shiloh. In 1893 Dr. Joseph Tomlinson removed to Bridgeton. Here he continued to practice until a few days before his death, which was caused by malignant disease of the rectum. He went to the Jefferson Hospital on May 13th, was operated on by Dr. Da Costa the next day, and his condition the few days following was very encouraging, so that on Sunday, the 18th, he seemed so much improved that his wife, who had spent most of the time with him for the three days, left for Bridgeton. He suddenly became much worse and died that night about midnight.



DR. JOS. TOMLINSON.

Courtesy of the Imperial Art Company

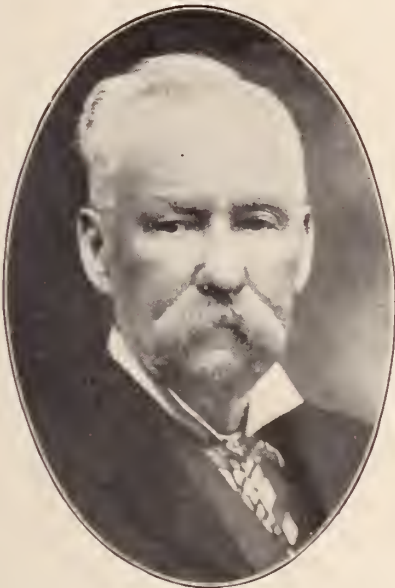
Dr. Tomlinson had an extensive practice in Bridgeton and vicinity and on account of his rare ability and wide experience was frequently called in consultation. He occupied a high position in medical circles. He was a member of the Cumberland County Medical Society, the Tri-County Medical Society, the Medical Society of New Jersey, the American Medical Association, the American Academy of Medicine. He had been for many years treasurer of the County Society and a member of the medical and surgical staff of the Bridgeton Hospital. He was also an active member of the New Jersey Sanitary Association, read some able papers and served on important committees and last year was re-elected a member of the executive council.

Dr. Tomlinson was also a member of the Bridgeton Board of Health, where he gave splendid service to the public schools. He also engaged in the work of the Anti-Tuberculosis Association and the New Jersey Child Labor Committee. While he was personally of rather a retiring nature, never seeking position, he was ever held

in the highest esteem for his personal qualities and his high professional standing. As a practitioner he was modest, courteous and painstaking, giving the same watchful care to the most humble poor that he would to the most affluent. His loss is mourned not only by the entire city, but by the medical profession of the State because of his ability and worth.

Dr. Tomlinson is survived by his wife, who was Miss Caroline Lawrence, of Troy, N. Y., and two sons. Dr. S. A. Tomlinson, of Shiloh, is his sister, and Dr. T. H. Tomlinson, of Plainfield, is his brother.

TREGANOWAN.—At South Amboy, March 10, 1913. Dr. Ambrose Treganowan, aged 84 years. Obituary notice appeared in our May issue.



AMBROSE TREGANOWAN, M. D.
(Courtesy of Imperial Art Co.)

EMERSON—At Orange, N. J., May 9, 1913. Mrs. Daisy Brewster Emerson, wife of Dr. Linn Emerson of Orange.

MORRISON.—In St. John's New Brunswick, May 20, 1913. Mrs. Margaret Morrison, mother of Dr. Ephraim Morrison, of Newton, and Dr. John B. Morrison, of Newark, N. J., aged 86 years.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Dist. of Columbia, Jan.....	16	15	1
Idaho, April	8	8	0
Iowa, March	14	12	2
Maine, March	13	10	3
Minnesota, April	8	5	3
Nebraska	4	4	0
Oklahoma, April	11	11	0
Oregon, Jan.	92	68	24
Wyoming, March	4	4	0

A pulsating tumor in the side may be an aneurism of the abdominal aorta although palpation fails to disclose its connection with the aorta.

Personal Notes.

Dr. Fred H. Albee, Colonia, has moved his New York office to the Physician's Office Building, 40 East Forty-first street.

Dr. William J. Burd, Belvedere, who became very ill last month after an injection of a dose of tetanus serum for an injury to his hand, has recovered and spent the past few days at Atlantic City with his family, regaining strength.

Dr. Hugh F. Cook, Newark, and wife sailed for Europe, May 20th, expecting to spend two months or more touring Germany, France and the British Isles.

Dr. Henry O. Carhart, Blairstown, addressed a Brotherhood meeting in the Presbyterian Church recently on "The Causes of Disease, Their Prevention and Cure."

Dr. Theodore B. Fulper, Hampton Junction, has been appointed a surgeon of the Central Railroad.

Dr. Benjamin Gutmann, New Brunswick, sailed May 20th for Germany, expecting to spend two or three months for a special course of study.

Dr. Frank S. Gordon, Blairstown, has begun the erection of two concrete bungalows on his farm near Blairstown. One of which Dr. Elmer G. Wherry, Newark, expects to occupy this summer.

Dr. Samuel C. Haven, Morristown, entertained the Morristown Medical Club, May 12, at Day's parlors.

Drs. Eugene L. Hillegass, Matua, and John G. Halsey, Swedesboro, have been appointed by Justice Garrison as members of the Gloucester County Mosquito Extermination Commission.

Dr. Ira T. Spencer, Woodbridge, was quite ill with the grippe a few weeks ago, has recovered.

Dr. Harry Vaughan, Morristown, entertained the Morristown Medical Club at his residence recently.

Dr. William N. Vreeland, Jersey City, and wife spent a week last month at Asbury Park.

Drs. Joseph T. Welch and Paul Kahn, Long Branch, have been appointed by the Mayor as members of the new Board of Health.

Dr. Henry B. Whitehorne, Verona, was one of the committee in charge of the Memorial Day services there.

Dr. William J. Wolfe, Chatham, has been appointed by President Wilson postmaster of that city.

Dr. Oliver R. Blanchard, Jersey City, was recently elected president of the Jersey City Board of Education.

Dr. E. Moore Fisher, Greystone Park, and wife on May 16th, entertained in honor of the wedding anniversary of Dr. and Mrs. B. D. Evans.

Dr. Gordon K. Dickinson, Jersey City, was laid up a few days last month with an attack of lumbago.

Dr. John G. Ryerson, Boonton, recently underwent an operation for cataract with beneficial results.

Dr. William G. Schaufler, Lakewood, will deliver the address and present the diplomas at the commencement exercises of the Chat-tle High School, Long Branch, June 20th. The graduation class will consist of 27 girls and 24 boys, the largest class ever graduated.

Dr. George W. Shera, Jersey City, and wife, expect to sail for Europe about the middle of June.

Dr. William Edgar Darnall, Atlantic City, has an able paper in the American Journal of Obstetrics, May, 1913, on "The Operative Treatment of Puerperal Septicemia."

Dr. Frank M. Donohue, New Brunswick, and family, are occupying their summer home at Cedarcrest, Somerset County.

Dr. Joseph B. Harrison, Westfield, is urging that the town shall have an automobile ambulance of its own and not call on the Elizabeth General Hospital for such service.

Dr. Charles S. Heritage, Glassboro, who has been at Hot Springs and Mountain Valley Springs, Arkansas, for his health since February, 1912, has returned home with health and strength restored.

Dr. Jesse L. Mahaffey, Camden, and family, are occupying their summer home at Ocean City.

Dr. Wallace Pyle, Jersey City, and family, expect to occupy their summer home at Allenhurst early this month for the summer.

Dr. Arthur L. Smith, New Brunswick, spent a few days at Atlantic City last month.

Dr. Bert Daly, Bayonne, has been making a vigorous fight as a member of the City Council, for open bids in street paving contracts, charging extravagance in the past.

Public Health Items.

New York State Commissioner of Health.

Dr. Herman M. Biggs of New York has signified to Governor Sulzer his willingness to accept the appointment as State Commissioner of Health of New York under the proposed law now before the Legislature which provides for a reorganization of the Department of Health and gives increased powers to the commissioner.

We believe a better appointment could not have been made.—Editor.

Smallpox in Philadelphia.

The discovery on May 10 of five cases of smallpox in colored persons in the northern section of Philadelphia led to the temporary quarantine of 300 houses and the vaccination of nearly a thousand persons.

Phipps Tuberculosis Institute Dedicated.

The Phipps Institute, a million-dollar gift by Henry Phipps of New York to the University of Pennsylvania, for the study and prevention of tuberculosis among the poor, was dedicated in Philadelphia, May 10th. The institution is one of the best equipped in the world for its special work.

Tuberculosis Statistics.

The New York Department of Health has recently compiled statistics which show that the number of new cases of pulmonary tuberculosis in this city has steadily declined each year since 1910. In that year 32,065 cases were registered, while in 1912 there were 22,752 cases. In Manhattan and the Bronx the mortality figures have fallen consistently from 4.27 per thousand in

1881 to 1.9 per thousand in 1912. Since 1908 the death rate from consumption in the entire city has dropped from 2.25 to 1.66 per thousand.

Smallpox in Florida.

During February there were 211 cases of smallpox reported from sixteen counties in Florida. In that month, the cost of vaccine to the State Health Department was \$171.92½, and 2,645 points were distributed in 93 counties.

Hudson County Death Rate.

Hudson County's death rate of 13.9 per thousand for the year 1912 was the lowest the county has known since the present County Board of Health was established and began the compiling of statistics in 1875.

Clerk James Lynch has presented his annual report to the board showing by comparisons the improved death rate. For the past four years, as the sanitary conditions have been improved all over the county, the death rate has been going down. In 1909 it was 16.6, in 1910, 16.3; in 1911, 15.5; in 1912, 13.9.

The table of deaths from various causes includes these figures: Pneumonia, 1,110; phthisis, 950; cancer, 374; bronchitis, 115; diphtheria, 112.

Better care of babies in Hudson is indicated by the fact that, while the decrease in the total death rate is 6.9 of last year's rate, the decrease in deaths of children under five years old is 15.5 per cent. of last year's. In 1911 there were 8,634 deaths of all ages and in 1912, 8,030. Of babes under five years there died in 1911, 2,638, and in 1912, 2,221. Death from zymotic diseases, which numbered 1,016 in 1904 and 725 in 1911, were only 524 in 1912.

Deaths in the county in 1911, 8,634; in 1912, 8,030. Births in 1911, 11,767, and in 1912, 12,609.

Condemnation of the Passaic River; Inadequate Slaughter-House Inspections.

At a meeting of the Economy and Efficiency Commission, held at Trenton, May 22d, the conditions of the Passaic River were described by Dr. FitzRandolph by the use of the single word "rotten." The witness advocated giving to the State Board of Health greater powers over local boards. Lack of this, he said, is a serious handicap in the work that might otherwise be accomplished by the State body. He also believed in restricting the power of local boards as legislative bodies and in the enforcement of a uniform law applicable to all municipalities.

Pointing out that there are 400 slaughter-houses in this State and only one inspector, who has also to divide his time in making meat inspections, Dr. FitzRandolph declared it futile to expect satisfactory results with so limited a force. Under present conditions, he said, it is impossible to make a proper inspection of slaughter-houses, and particularly those located in outlying districts.

Established Methods in Sanitation.

The "Bulletin" of the Florida Board of Health says that it is an easy matter to follow in the wake of public clamor against imagined menaces to public health, but that it is not sound wisdom to recommend anything

either to protect life or to preserve health on speculative theory or possibility. When deviation is made from this course the sanitarian is getting into deep water. Sooner or later a reversal of judgment follows, and the public, it is said, then begins to doubt whether the sanitarians really know what they are talking about. To play to the galleries of popular approval on the ground of progressive sanitation is really a hindrance to the advance of preventive medicine, and sooner or later reacts and brings discredit on the person or the board recommending it.

War on Cancer.

Steps were taken in New York on April 22 toward the formation of a National Anti-Cancer Association on lines somewhat similar to those of the Anti-Tuberculosis Association. The leading purpose of the organization is the education of the public to recognize the early symptoms of the disease, and the general plans provide for magazine articles, leaflets to be distributed through the Department of Health, social workers, and women's clubs, and lectures. A committee on organization was appointed and co-operation of the Congress of Physicians which meets next month in Washington will be asked for. The movement has already interested a number of prominent physicians, laymen and laywomen.

By the will of Henry Rutherford of New York, who died last February, the sum of \$200,000 is bequeathed to the Rockefeller Institute of Medical Research, the "income to be applied to investigations into the causes and nature of the disease known as cancer, and the methods of its prevention and treatment."

N. Y. State Health Reform Bills.

On May 17 Governor Sulzer of New York signed the bill known as the Seeley-McDaniels bill, which was passed recently by the New York State Legislature, and is designed to carry into effect the recommendations of the special Public Health Commission appointed by the Governor last January. The chief provisions of the bill are as follows: A pure health council is created to consist of the State Health Commissioner and six members appointed by the Governor, which shall have power to enact and amend the sanitary code. Three new divisions, each in charge of a director (Child Hygiene, Public Health Nursing, and Tuberculosis) are added to the Department of Health, and the six divisions (Administration, Sanitary Engineering, Laboratories and Research, Communicable Diseases, Vital Statistics, and Publicity and Education) already established, are written into the statute. The State is to be divided into twenty or more sanitary districts, each under a sanitary supervisor who shall be a physician and whose duties are detailed. The Health Commissioner is given a six years' term of office with an annual salary of \$8,000, and the health officers throughout the State are ensured a respectable compensation, and their duties are plainly defined. The regulations regarding the registration of cases of tuberculosis are to be more strictly enforced, and health authorities are given control over "persistently dangerous and careless persons, afflicted with an infectious, contagious, or communicable disease, the law providing for the commitment of such a

patient to a hospital by a magistrate upon proof that he is a menace to the community.

The Governor also signed the Seeley bill, giving the State Health Department increased powers over cold storage plants, and the Foley bill providing for an inspection by the Health Commissioner of the kitchens of all hotels, restaurants and other public places.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, April, 1913.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending April 10, 1913, was 3,867. By age periods there were 626 deaths among infants under one year, 327 deaths of children over one year and under five years and 1,244 deaths of persons aged sixty years and over.

A great increase is shown in the number of deaths for the month, however the increased mortality is not confined to any particular cause of death. The total number for the month is 475 more than the preceding month and 735 above the monthly average for the past year.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending April 10, 1913, compared with the average for the previous twelve months, the averages are given in parentheses:

Typhoid fever, 16 (25); measles, 38 (23); scarlet fever, 34 (15); whooping cough, 28 (18); diphtheria, 64 (43); malarial fever, 0 (2); tuberculosis of lungs, 363 (310); tuberculosis of other organs, 54 (45); cancer, 177 (166); diseases of nervous system, 381 (351); diseases of circulatory system, 529 (417); diseases of respiratory system, (pneumonia and tuberculosis excepted), 341 (196); pneumonia, 470 (235); infantile diarrhoea, 56 (197); diseases of digestive system, (infantile diarrhoea excepted), 238 (189); Bright's disease, 306 (239); suicide, 37 (34); all other diseases or causes of death, 735 (627); total, 3,867 (3,132).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis examined: Specimens examined from suspected cases of diphtheria, 424; tuberculosis, 597; typhoid fever, 215; malaria, 21; miscellaneous specimens, 106; total, 1,363.

Division of Food and Drugs.

During the month ending April 30, 1913, 546 samples of food and drugs were examined in the State Laboratory of Hygiene. The following were found to be below the standard: 52 of the 350 of milk; 5 of the 24 of butter; 2 of the 39 of cream; 1 of the 2 of egg, color; 1 of the 4 of lemon extract; 10 of the 47 of cider vinegar; 1 of the 4 bay rum; the 2 of Jamaica ginger; 6 of the 12 hair tonic; 4 of the 6 of tincture iodine; 3 of the 4 of tincture of opium and 3 of the 12 of witch hazel.

All the samples of brandy, cocoa, cordials, maple syrup, molasses, olive oil, sausage, vanilla, whiskey, wine, beef wine, camphorated oil, castor oil, essence peppermint and sweet oil

were found to be up to standard. Twenty-four suits were instituted against persons whose specimens were found below standard.

Division of Creameries and Dairies.

DAIRIES INSPECTED.

During the month 400 dairy inspections were made. The columns below gives the number of dairies inspected and the number found 60 per cent. above and 60 per cent. below the perfect mark.

County.	Number inspected.	Above 60%.	Below 60%.
Bergen	14	12	2
Burlington	2	2	0
Camden	8	7	1
Essex	10	7	3
Gloucester	1	0	1
Hunterdon	59	59	9
Mercer	22	12	10
Middlesex	2	2	0
Monmouth	11	5	5
Morris	13	13	0
Passaic	31	20	11
Salem	210	77	129
Somerset	11	8	3
Sussex	3	3	0
Union	2	2	0
Bucks, Pa.	1	1	0
Total	400	221	174

One dairy in Monmouth county and 4 in Salem county were stopped producing milk for sale.

Number of dairies; initial inspection.....	220
Number of dairies; reinspection.....	180
Number of milk depots inspected.....	55
Dairies from which the sale of milk was prohibited	7
Dairies given a time limit to improve sanitary conditions on their premises.....	1

Inspection were made at the request of the following local boards of health: Atlantic City, Belleville, Burlington, Fair Haven, Gloucester City, Handdonfield, New Brunswick, Nutley, Orange, Paterson, Perth Amboy, Princeton, Ridgewood, Salem, South Orange, Trenton and Westwood.

CREAMERIES INSPECTED.

Ackerson, Chester, Daretown, Elmer 2, Flemington, Franklin Park, Hamden, Highland Park, Middlebush, Monroeville, New Brunswick 2, Stanton, Union Hill; total 15.

Number of creamery licenses recommended, 2.

ICE CREAM FACTORIES INSPECTED.

Boonton 5, Burlington, Hackensack 7, Hoboken 11, Jersey City 9, Morristown 4, Newark 5, Pasasic 17, Perth Amboy 8, Princeton 4, Ridgewood 4, Summit 4, West Hoboken 7; total, 86.

Ice cream factory licenses recommended 10.

During the month ending April 30, 1913, 168 inspections were made in the ninety-six cities and towns: The largest number of inspections having been made in the following places: Atlantic City, 5; Boonton, 3; Bridgeton, 6; Camden, 11; Dover, 3; Jersey City, 14; Newark, 12; New Brunswick, 3; Trenton, 12; West Hoboken, 4. Several places 2 each.

The following articles were inspected during the month but no samples were taken: Milk 726, butter 434, food 1,110, drugs 370.

Other inspections were made as follows: Milk wagons 257, milk depots 8, grocery stores 276,

drug stores 11, slaughter houses 107, meat markets 17, milk cans 650, butter stores 5, oleomargarine investigations 1, creameries 2, barber shops 13, confectionery stores 2, bottling establishments 2, cold storage warehouses 25, Clam houses 5, bakeries 1, macaroni factories 1.

Meat inspections: Hogs 36, calves 73, cattle 3, beeves 3.

Division of Foods, Drugs, Sewerage and Water

Total number of samples analyzed in the Water Laboratory, 224; public water supplies, 111, special public water supplies 84, State Institution supplies 8, private water supplies 8, bottled water supplies 3, sewage samples 10.

INSPECTIONS.

Water supplies and water purification plants inspected at Allentown, Burlington, Butler, Dover, Elizabeth, Gloucester, Mendham, Moorestown, Netcong, New Brunswick, Phillipsburg, Rahway, Rartan, Roebling 6, Skillman (State Village for Epileptics), Stanhope, Trenton, Vineland (Training School for Feeble Minded Children), Woodbury.

Watershed inspections at Blackwood (Blackwood Water Company), Mays Landing (Mays Landing Water Power Company), Newark (Newark Water Department), Pluckemin (Superior Yarn and Thread Company).

Bottled water supplies inspected at Livingston (Mountainside Spring Water), Mercerville (Purity Spring Water).

Ice manufacturing plants inspected at Camden (Wilson Ice and Coal Company).

Sewage disposal plants and sewerage systems inspected at Asbury Park, Atlantic City 3, Burlington, Chatham, East Rutherford, Hopewell, Kenilworth, Keyport, Merchantville, Princeton 3, Spring Lake, Westfield, Wortendyke 2.

Stream inspections on the Cohansey River, Delaware River and tributaries, Great Egg Harbor River and tributaries, Hackensack River and tributaries, Maurice River and tributary, Millstone River and tributaries, Rahway River and tributaries, Raritan River and tributaries, Rockaway River and tributaries, Wallkill River and tributary, Whippany River and tributaries.

Number of stream pollutions reported.....	173
Reinspections of stream pollutions made....	102
Stream pollutions found abated.....	37
Notices to cease pollution issued.....	175
Plans for sewage disposal plants, sewerage systems and extensions approved.....	16
Plans for water supply systems approved....	3
Plans for water supply systems disapproved..	1
Bottled water supplies approved.....	5

NEW AND NON-OFFICIAL REMEDIES.

Since April 1 the following articles have been accepted for inclusion with New and Non-official Remedies, from the Lederle Antitoxin Laboratories:

Coli Vaccine;
Gonococcus Vaccine;
Pneumococcus Vaccine;
Staphylococcus Vaccine;
Staphylococcus Albus Vaccine;
Staphylococcus Aureus Vaccine;
Typhoid Vaccine;
Typhoid Vaccine for Prophylactic Treatment.

Since publication of New and Nonofficial Remedies, 1913, and in addition to those previ-

ously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies," all from the Sophicus-Hall-Alexander Biological Laboratories, Kansas City, Missouri:

Polyvalent Acne Vaccin.—Marketed in packages of six ampoules; **Antimeningitis Serum.**—A Polyvalent serum prepared from the blood of horses immunized to the meningococcus of Weichselbaum; **Polyvalent B. Coli-Communis Vaccin.**—Marketed in packages of six ampoules; **Refined and Concentrated Diphtheria Antitoxin (Antidiphtheric Globulin)**—Put up in a syringe container; **Polyvalent Gonococcus Vaccin.**—Marketed in packages of six ampoules; **Polyvalent Meningococcus Vaccin.**—Marketed in packages of three ampoules; **Polyvalent Pneumococcus Vaccin.**—Marketed in packages of six ampoules; **Polyvalent Pyocyanous Vaccin.**—Marketed in packages of six ampoules; **Polyvalent Staphylococcus Vaccin.**—Marketed in packages of six ampoules; **Polyvalent Staphylo-Acne Vaccine.**—Marketed in packages of six ampoules; **Polyvalent Streptococcus Vaccin.**—Marketed in packages of six ampoules; **Polyvalent Typhoid Vaccin.**—Marketed in packages of three ampoules; **Antirabic Vaccine.**—The Antirabic Vaccine, formerly manufactured by the American Biologic Company, Kansas City, Missouri, as given in *New and Non-official Remedies*, Vol., 1913. (*Jour. A. M. A.*, April 5, 1913, p. 1074).

Antigonococcc Serum.—A highly immune polyvalent serum, prepared by immunizing horses against many strains of gonococci; **Antistreptococcus Serum.**—A polyvalent serum obtained by immunizing horses with increasing doses of streptococci extract and subsequently with live cultures; **Normal Horse Serum.**—The serum of normal horse blood obtained in a sterile manner and passed through a Berkefeld filter. (*Jour. A. M. A.*, April 19, 1913, p. 1227).

Thoughts for the Thoughtful.

Let us tread life's monotonous road, not fixing our gaze on the mire at our feet, but looking upwards, and so march hopefully forward.

The world was not made for us; it was made for ten hundred millions of men all different from each other and from us. There's no royal road; we just have to clamber and tumble.

People who are seekers after the truth are earnest and modest. Truth is elusive. It is not any set of words; it is not any code of action. It is a quality of spirit. To the possessor it gives an assurance of the genuineness and worth of life. It cannot be dug from the earth or pulled down from the skies, or tracked through the wilderness. It comes like light and sweet breezes, to those whose hands are busy, whose minds are open, whose hearts are kind.—Grace Goodhouse in the *Camden Courier*.

Each day is marked with little sign-posts pointing the way to happiness through gentle deeds, gentle manners and a cheerful heart. We do not know what ripples of healing are set in motion when we simply smile on one an-

other. Christianity wants nothing so much in the world as sunny people.

You degrade your daily work if you think of it only as that which earns your living. It is something more. Whether it is farming or carpentering, doctoring or drygoods or carrying a hod of mortar, it is adding something to the comfort and happiness of other people, or else it is no fit work for an honest man.

Do you want to be a power in the world? Then be yourself. Don't class yourself, don't allow yourself to be classed among the second-hand, among the they say people. Be true to the highest within your own soul and then allow yourself to be governed by no customs or conventionalities or arbitrary man-made rules that are not founded upon good principles.—Grace Goodhouse.

Bits of Wisdom.

Don't cry over spilt milk—be glad it isn't cream.

People who do not plan their future usually do not have any.

A candied opinion is generally better liked than a candid one.

Ignorance is anything but bliss to those who are compelled to be its associates.

It is a great deal easier to be a good critic than to be even a passable performer.

Credit is a convenient garment, but it is liable to become a little too tight for free movement.

People Who Take Offense.

It is so easy for some people to take offense. They are so quick to attribute wrong motives to others but they never question their own. Very often no offense was intended and the offender may not understand the cause of her friend's changed attitude. The trouble is usually caused by lack of tact. Friendly advice can cause much annoyance unless it is given very cautiously and very courteously. The giving of advice is a difficult business and should only be given when asked for.

None of us like to be found fault with and few can take criticism well. Large minded people will be thankful for it and may make use of it, but small minded folks will be hurt and will take offense—and too many of us, are small minded.

Some people believe they are born leaders, and if they are thwarted or pushed into second place or ignored in any way they take umbrage at once and show resentment. Others dislike any change from the routine to which they are accustomed and take offense if any changes are suggested. Other people are hurt if an acquaintance fails to recognize them on the street or in a car or ferry. The friend may be near-sighted, or be absorbed in some perplexing thought, but these over-sensitive people never think of any excuse.

Fortunately for all of us there are some people so sensitive that they almost never take offense at small happenings. If we meet them after a long absence we can take up our friendship just where we left it. They are always the same. They have learned that exhaustion, ill-health, overwork, worry, near-sightedness or absent-mindedness often cause people to say or to do tactless things without meaning any disrespect or unkindness.

Life is so short, and there is so much to do that it seems foolish to waste time over trifling offenses. It is such a pity to be disturbed over the small sayings and doings of other people. There is good in every one, and if we try we can usually find some excuse for the seeming slight.—Grace Goodhower, in Camden Courier.

The Calm Spirit.

"Cultivate a calm spirit. The people in all lines of duty who do the most work are the calmest, most unhurried people in the community. Duties never wildly chase each other in their lives. One task never turns another out nor ever compels hurried and therefore imperfect doing. The calm spirit works methodically, doing one thing at a time, and doing it well, and it therefore works swiftly, though never appearing to be in haste."

Facetious Items.

Wives Should be Careful About Overburdening Husband's Mind.

The people didn't merely look at Professor Branefog—they stared. He knew he was absent minded at times, and he wondered whether he had rubbed his face with boot polish instead of cold cream after he had shaved, or whether he had forgotten to change his dressing gown for his frock coat.

But a kind policeman put things right.

"Are you aware, sir, that you are carrying a joint of beef in your arms?" he asked.

"Goodness, me!" said the professor. "I knew something was wrong. My wife told me to put her Sunday hat on the bed, to place this joint in the oven, and to take the baby and the dog out for a walk."

"You've not put the baby in the oven, surely," said the law's guardian.

"I put something in it," said Branefog; "but I don't know whether it was the baby or the dog."

With bated breath they hurried to the professor's house. Here, on the bed lay the baby and the dog, but it was just as bad for Branefog. It was his wife's Sunday hat that was in the oven!

Wise—Do you see that striking looking woman with the veil.

Howe—Yes.

Wise—Do you know why she wears the veil?

Howe—No. Homely?

Wise—No; she's afraid the sun might blister the paint.

The Doctor—How is the patient this morning?

The Patient's Wife—I think he's better, but he seems to be worrying about something.

The Doctor—Hum! Yes. Just tell him I won't send it for a month. That ought to freshen him up a bit.—New Orleans Times-Democrat.

She had engaged a maid from the country, and was now employed in showing her newly

acquired treasure over the house and enlightening her in regard to various duties, etc.

At last they reached the best room.

"These," said the mistress of the house, pausing before an extensive row of masculine portraits, "these are very valuable, and you must be very careful when dusting. They are old masters!"

Mary's jaw dropped and a look of intense wonder overspread her rubicund face.

"Lor', mum," she gasped, gazing with bulging eyes on the face of her new employer; "lor', mum, who'd ever 'ave thought you'd been married all these times!"—Ideas.

Indolence.—I look upon indolence as a sort of suicide, for the man is effectually destroyed, though the appetite of the brute may survive.—Lord Chesterfield.

Q.—What is the difference between a shoemaker's sign and a party of sports out for a day's shooting?

A.—One is "Boots and Shoes" and the other is shoots and booze.

"My family dates back to the flood." "Now that can't be so, Mac. Your folks didn't belong to Noah's tribe." "No; but he took along a MacIntosh when he saw how it was going to rain."—Washington Herald.

A well known but broken down Detroit newspaper man, who had been a power in his day, approached an old friend the other day in the Pontchartrain hotel and said:

"What do you think? I have just received the prize insult of my life. A paper down in Muncie, Ind., offered me a job."

"Do you call that an insult?"

"Not the job but the salary. They offered me \$12 a week."

"Well," said the friend, "twelve a week is better than nothing."

"Twelve a week—thunder!" exclaimed the old scribe. "I can borrow more than that right here in Detroit."

Irrelevant Testimony.—At a term of the Circuit Court, Iowa, not long ago a "horse case" was on trial and a well known horseman was called as a witness.

"You saw this horse?" asked counsel for the defendant.

"Yes, sir, I—"

"What did you do?"

"I opened his mouth to ascertain his age and I said to him, 'Old sport, there's a lot of life in you yet.'"

Whereupon counsel for the other side entered a vigorous protest.

"Stop!" he cried. "Your honor, I object to any conversation carried on between the witness and the horse when the plaintiff was not present!"—Green Bag.

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William L. Wilson

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PRESIDENT'S ADDRESS.

Delivered at the 147th Annual Meeting of
the Medical Society of New Jersey, at
Spring Lake, N. J., June 10, 1913.

By NORTON L. WILSON, M. D.,
Elizabeth, N. J.

Ladies and Gentlemen:

The records of this Society show that its first meeting was held in New Brunswick on Wednesday, the twenty-third day of July, 1766. It will have been in existence one hundred and forty-seven years next month. So far as can be ascertained it is the oldest State Medical Society in the United States.

It is true that its meetings were suspended from 1775 to 1781, but this was during and immediately following the Revolutionary War. Every available American citizen was then fighting for liberty and the members of this Society were caring for the sick and wounded, as well as helping to establish the independence of their country. Backward and forward over the fields of New Jersey the opposing armies moved and engaged in battle. Her sons, some of whom were organizers of this Society, were loyal to the cause of liberty.

For nearly a century and a half the Society has sought to carry out the purposes expressed in the first call for its organization, namely, "For our mutual improvement, the advancement of the profession and promotion of the public good."

It may modestly be claimed that the members of the Society have been diligent in their efforts. All the hygienic and health-giving measures for the physical improvement of our people have been suggested directly or indirectly, or been urged, by

this society. Notwithstanding this fact during the last decade a doubt has arisen in the public mind as to the altruistic motives of the medical profession. This has been due to the increase in the spirit of commercialism which is now so prevalent. The layman cannot understand and fails to recognize the unselfishness which prompts the physician to work without price and to give his time and labor without hope of pecuniary gain. Every physician should have as his ideal, and I believe that most of the profession follow the teachings and example of the "Great Master," who went about healing the sick and causing the blind to see without reward. And yet in our country, peopled as it is with those who have come from all quarters of the globe, many of whom consider it clever to get something for nothing, no blame can justly attach to us if we feel it our duty to protect, not only ourselves and our families, but the poor who need our services.

Only about one-half of the profession of the State are enrolled as members of this society. I cannot believe the other half are unworthy of membership. This should be increased by giving aid to the component societies in an effort to gather in all desirable members. Literature should be issued in which shall be set forth the advantages of membership in the county and State societies, and by a personal effort on the part of the members of the county societies we should more strongly endeavor to educate and protect the public by talks and illustrated lectures before the numerous clubs and societies. Larger funds will be necessary if we should properly carry out the great work which the founders had in view when they formed the society. These can be obtained only by increasing our dues or adding to the number of good

advertisements in our Journal. The time has gone by when we should expect a member of this society to attend an important conference in Chicago or elsewhere, without paying his expenses.

It has been suggested that we establish section meetings, so that the surgeon, the internist, the gynecologist, the ophthalmologist, the otologist, etc., shall each have his separate section meeting. Our own feeling in the matter is opposed to such a plan. We look upon this society as the one great family where all can get together and exchange with those who are working in fields other than those which each may have. We do not attend the State meetings for the scientific advantages alone, but quite as much for the social feature which will bring us in closer relationship, one with the other. We are a great brotherhood. The practitioners of medicine should be and, in most instances are, peculiarly bound one to the other. Ours is a common purpose. All are striving for one great object, the amelioration of suffering and the restoration to health of our fellow-man. How jealous of his rights and reputation, as well as that of his fellow members, should each member be. Most of the suits brought against the profession by dissatisfied patients are prompted by remarks made by one doctor against another. The fault is most reprehensible and should not be condoned by the profession. Its indulgence lowers a great profession to the level of the business world. When you hear one doctor testifying, as an expert against another in a case of which he knows nothing, you cannot help feeling that he has sold his reputation for gold. He should be in some mercantile business and not in a noble self-sacrificing profession where money is a secondary consideration.

The practice of medicine to-day is very different from what it was thirty years ago. Then we had to rely entirely on the history, signs and clinical symptoms. Now one of the surest and most helpful of our aids, in which great strides have been made in recent years, is the findings of the laboratory. Permit me to call your attention to a few instances which I trust will prove of interest.

A year ago Dr. Kopetzky, of New York, showed that the carbohydrates in the cerebro-spinal fluid in the early stages of meningitis were absent and that the fluid was less alkaline or distinctly acid. Dr. Libman, of New York, has pointed out the

fact that a bacteremia occurring in the course of a discharging ear is pathognomonic of a clot in the lateral sinus. Leucocytosis means infection and the Hiss extract, as advocated by Dwyer, is undoubtedly of value in the treatment of these cases.

Advantages are offered us by the use of the X-ray, of which we should not fail to avail ourselves. Only recently I saw a plate with four false teeth attached thereto which had been lodged in the patient's gullet for eighteen years, removed from the esophagus by the use of the X-ray and the esophagoscope.

Again blood-clotting time has its value, not only in determining hemophilia, but also in aiding the aural surgeon to determine the presence of sinus thrombosis.

The advantages of the blood count, the differential count and the blood culture is known to all of you and to these I would add the blood-clotting time and the blood pressure. The advantages of taking the blood pressure are as apparent to the otologist and ophthalmologist as to the general practitioner and should never be neglected.

Time will not permit of my designating the various sera and vaccines which have come to be recognized as valuable therapeutic agents, but they must be used understandingly.

In recent hematological studies in tuberculosis some interesting facts have been shown. Tubercle bacilli are found in the blood. Drs. Webb and Williams, of Colorado Springs, have pointed out the changes in leucocyte count. In recent work by G. B. Hunt, entitled "A Clinical System of Tuberculosis," he says: "Absorption of the poisons of tubercle bacilli causes an alteration of the blood and its chemical condition, setting up a toxemia. There is an early diminution of hemoglobin and in the late stage a loss of red blood corpuscles. In the early stage the lymphocytes are often increased and this lymphocytosis has a certain amount of diagnostic value. The specific gravity is lowered, its alkalinity diminished and the blood pressure falls. The fall in blood pressure is due to bacterial poisons and this poison increases the pulse rate. The toxic pulse appears early." Whether or not this is due to thyroidism, as suggested by some writers or whether due to the toxins of bacteria, we are not prepared to say, but our own observation favors the latter theory.

In order to satisfy ourselves with the truth of the statement that the blood press-

ure was diminished in tuberculosis, we conferred with Dr. Runnells, superintendent of the Union County Sanatorium for Tuberculosis and Dr. English of the State Sanatorium, and through their courtesy we are enabled to give you the following figures:

In all there were 728 records made of the blood pressure upon 315 tuberculosis patients. The oldest patient was 66 years, the youngest 9 years. The average age was 32.3 years. The average systolic pressure was 114.4. The average diastolic pressure was 90.6 with an average pulse pressure 23.8.

If these figures are compared with 425 cases taken from our private records, which do not include any tuberculosis patients, it will be seen there is a marked diminution in the pulse pressure of the tuberculous patient.

The average age of our private patients was 43.2 years. The average systolic pressure was 132. The average diastolic pressure was 87.2 with an average pulse pressure of 44.8.

It is evident from these figures that the systolic pressure of the consumptive is lowered, while the diastolic pressure is raised. The difference in pulse pressure being 23.8 to 44.8.

Again, testing the blood clotting time of a patient with a tubercular eye lesion, we were surprised to find it remarkably rapid and in order to ascertain whether or not this was true in all tuberculous patients, tests were made at the Bonnie Burn Sanatorium with the following results:

The average clotting time of normal blood made with the Biffe Brooks instrument was seven minutes. The average clotting time of the thirty-five tubercular patients made with the same instrument was 3.7 minutes, nearly one-half the clotting time of normal blood. If these observations are correct, it is suggested that in this test we have a valuable aid to diagnosis.

Tuberculosis is not the only disease which gives a rapid clotting of the blood. If the statements of Dr. Thomas Savith are correct when he says: "Coagulation depends upon the presence of lime salts and fibrinogen in the blood plasma and of the nucleo-proteid contained in the substance of the leucocytes and blood platelets, the nucleo-proteid is liberated when the leucocytes are disintegrated by infective toxins circulating in the blood," it must be evident that we should have rapid clotting

whenever the lime salts or nucleo-proteids are increased in the blood.

If we observe a rapid clotting with a lowered blood pressure, a toxic pulse, an afternoon temperature and general malaise, tuberculosis should be suspected and careful examination should be made.

In this connection I may say that Dr. T. W. Corwin, of this society, has long contended that the calcium salts hastened clotting and diminished hemorrhage in the removal of tonsils.

In order that we might be satisfied upon this point we made the clotting test upon a man thirty-three years of age. His blood clotted in seven minutes. The next day he took four doses of five grains each of calcium lactate, 20 grains during the day. The next morning his blood clotting time was still seven minutes. One week later after he had taken one hundred and twenty grains of calcium lactate his blood clotting time was one minute.

These are significant facts and I earnestly recommend for your consideration the taking of the blood clotting time, especially as it can be easily done with the Biffe-Brooks apparatus. In January, 1908, the writer in a paper read before the American Laryngological, Rhinological and Otological Society (Laryngoscope, April, 1908) pointed out the danger of administering potassium iodide to tubercular patients, especially for diagnostic purposes. Potassium iodide acts much the same as sodium nitrite in reducing blood pressure. The tuberculous patient already had a lowered blood pressure and you still further reduce that pressure and bring about disintegration of lung tissue by giving potassium iodide.

It is our deep seated conviction that we are on the threshold of the discovery of a cure for not only tuberculosis, but also for cancer.

Your attention might have been called to other matters of interest which indicate the advance in medical knowledge due to modern research and observation, but time will not permit.

Before closing we would refer briefly to a few of what we think are pressing needs in ethics and practice. There should be more internists. The young man who graduates from a medical school and takes a hospital appointment comes out with the idea that he must become a surgeon. There is greater need of men better qualified to make accurate diagnoses. Pathology should be more thoroughly studied. Every hospi-

tal should be better equipped to continue its studies in the dead-house.

There should be established in the State Board of Health a department of Child Hygiene to protect our infants.

The board is to be commended for its effort to stamp out ophthalmia neonatorum. This disease is a reproach to any commonwealth, and while it may not be wise to pass compulsory legislation on the subject of the introduction of silver nitrate drops in the eye of the new born, it is to be hoped that no member of this society will ever have a case of ophthalmia in his practice because he neglected to introduce the silver drops into the eyes of the new born. Any one who has seen the cornea melt away and the sight lost because he failed to use this prophylactic measure, must indeed feel guilty of neglect.

Are we as pronounced in our efforts as we should be in denouncing the venders and users of patent medicines and consumptive cures who fleece their victims until the latter have passed far beyond the incipient stage where physicians could have helped them?

Are we taking the trouble to educate our patients that the Christian Scientist and other healers who close their eyes to the possibilities of material aid, should be shunned?

A weeping mother once told her physician that it had pleased Providence to take her baby away from her. "Providence had nothing to do with the matter," replied the physician, "it was bad milk that killed your baby."

Each of us should be on the alert to investigate and learn from whatever source knowledge may come. We cannot afford to neglect any detail. The value of diphtheria antitoxin was learned by your president through the ignorance of an old practitioner.

The success of the osteopath is made easier because we fail to recognize or appropriate the means for relief. No scientific man will accept the theory of osteopathy and yet our patients consult them. In some instances they are relieved. We have perhaps failed to advise them regarding their diet or baths or massage or have neglected to refer them to a physician who could have helped them. Wright, of London, has pointed out some of the failures in long standing infections which are due to the large amount of inflammatory products surrounding the affected area, whereby the free access of blood serum has been

impeded. In such cases he recommends Biers bandages and other local treatment calculated to modify the circulatory condition. He also points out that the opsonic index is often raised after a massage treatment and argues that in such cases the massage causes a setting free of germs from the inflamed area which thus acts as an auto-inoculation. Some authorities on tuberculosis now take advantage of this theory and, instead of keeping their patients quiet, set them to work doing some gentle exercise with the hope that the auto-inoculating quality in the blood will take care of the disease.

But we should first satisfy ourselves as to the value of any treatment before resorting thereto. Only recently I heard a physician say he was not so keen on vaccinating against smallpox, and yet that same doctor would insist upon an early injection of diphtheria antitoxin.

We all know the value of diphtheria antitoxin and the various sera and vaccines and of the preventive measures of vaccination against smallpox. We should stand firm and combat any group of individuals who would poison the public mind against the use of serum and vaccine therapy and the employment of the lower animals to serve in saving precious human lives. And this we say well knowing the dangers of the administration of these remedies.

In conclusion, permit me to strongly recommend that the Board of Trustees meet at least twice a year, say in October and April. I know of no business institution of any magnitude whose directors do not meet several times a year. The work of the various committees could then be laid out and the chairman instructed as to just what his duties are. At the spring meeting the committees could report and have their reports put in proper shape to be presented at the annual meeting in June. It would seem wise to have the president act as the chairman of the Board of Trustees. He is in touch with the various committees and is familiar with the workings of the organization.

Let no man accept office in his local society without familiarizing himself with the work and making a study of the constitution and by-laws. There will thus be secured better local meetings and the work of the Secretary of your State Society will be facilitated.

May it be said of each of us, "He does his best; angels can do no more."

ORATION IN SURGERY.

Delivered at the 147th Annual Meeting of
the Medical Society of New Jersey,
at Spring Lake, N. J.,
June 11, 1913.

A MECHANISTIC THEORY OF
DISEASE.

BY PROF. GEORGE W. CRILE, M. D.,
CLEVELAND, OHIO.

The human body is an elaborate mechanism equipped first for such conflict with environment as will tend to the preservation of the individual, and second for the propagation of the species, both of these functions, when most efficiently carried out, tending to the upbuilding and perfection of the race. From the date of Harvey's discovery of the circulation of the blood, to the present day, the human body has been constantly compared to a machine, but the time for analogy and comparison is past. I postulate that the body is itself a mechanism responding in every part to the adequate stimuli given it from without by the environment of the present and from within by the environment of the past, the memory of which is stored in the central battery of the mechanism—the brain.

Through the long ages of evolution the human mechanism, then, has been slowly developed by the constant changes and growth of its parts which have resulted from its continual adaptation to its environment. In some animals the protection against too rough contact with surroundings was secured by the development of an outside armor; in others noxious secretions served the purposes of defense; but such devices as these were not suitable for the higher animals or for the diverse and important functions of the human race. The safety of the higher animals and of prehistoric man had to be preserved by agility in flight, or by aggressiveness in fighting. That adequate warning of danger might be received, however, and in order that in the strife with environment these higher animals might not fail to perform those functions which tend to the prolongation of their individual lives and to the propagation of their species, there became implanted in the skin numerous nerve ceptors; some to give warning of the need for food and procreation (beneceptors); others for protection

against contact-injury (nociceptors); and still others partaking of the nature of both, the distance ceptors—or special senses.

A convincing proof that environment has been the creator of man, is seen in the absolute adaptation of the nociceptors as manifested in their specific response to adequate stimuli and in their presence in those parts of the body only which throughout the history of the race have been most exposed to harmful contacts. We find they are most numerous in the face, the neck, the abdomen, the hands and the feet; while in the back they are few in number, and within the bony cavities they are lacking. Instances of the specific responses made by the nociceptors might be multiplied indefinitely. Sneezing, for example, is a specific response made by the motor mechanism to stimulation of the nociceptors in the nose; while stimulation of the larynx does not produce a sneeze, but a cough; stimulation of the nociceptors of the stomach does not produce cough, but vomiting; stimulation of the nociceptors of the intestine does not produce vomiting, but increased peristaltic action. There are no nociceptors misplaced; none wasted; none that do not make an adequate response to adequate stimulation.

Another most significant proof that the environment of the past has been the creator of the man of to-day is seen in the fact that man has added to his environment certain factors to which adaptation has not as yet been made. For example, heat is a stimulus which has existed since the days of the prehistoric man, while the X-ray is a discovery of today; to heat the nociceptors produce an adequate response; to the X-ray there is no response. There was no weapon in the prehistoric ages which could move at the speed of a bullet from the modern rifle; therefore, while slow penetration of the tissues produces great pain and muscular response, there is no response to the swiftly-moving bullet.

The response to contact-stimuli then depends always on the presence of nociceptors in the affected part of the body and to the type of the contact. Powerful response is made to crushing injury by environmental forces; to such injuring contacts as resemble the impacts of fighting; to such tearing injuries as resemble those made by teeth and claws. On the other hand, the sharp division of tissue by cutting produces no adaptive response; indeed one might imagine that the body could be cut to pieces by a superlatively sharp knife applied at tre-

mendous speed without material adaptive response.

These examples indicate how the history of the phylogenetic experiences of the human race may be learned by a study of the position and the actions of the nociceptors just as truly as the study of the arrangement and variations in the strata of the earth's crust discloses to us geologic history.

The adaptive responses to stimuli are the result of the action of the brain cells which are thus continually played upon by the stimuli of environment. The energy stored in the brain cells in turn activates the various organs and parts of the body. If the environmental impacts are repeated with such frequency that the brain cells have no time for restoration between them, the energy of the cells becomes exhausted and a condition of shock results. Every action of the body may thus be analyzed into a stimulation of ceptors, a consequent discharge of brain cell energy, and a final adaptive activation of the appropriate part. Walking, running, and their modifications constitute an adaptation of wonderful perfection, for, as Sherrington has shown, the adaptation of locomotion consists of a series of reflexes—ceptors in the joints, in the limb and in the foot being stimulated by variations in pressure.

As we have shown, the bene and nociceptors orientate man to all forms of physical contact—the former *guide him to* the acquisition of food and to sexual contact; the latter *direct him from* contacts of a harmful nature. The distance ceptors, on the other hand, adapt man to his distant environment by means of communication through unseen forces—ethereal vibrations produce sight; air waves produce sound; microscopical particles of matter produce smell. The advantage of the distance ceptors is that they allow time for orientation, and because of this great advantage the majority of man's actions are responses to their adequate stimuli. As Sherrington has stated, the greater part of the brain has been developed by means of stimuli received through the special senses, especially through the light ceptors—the optic nerves.

We have just stated that by means of the distance ceptors animals and man orientate themselves to their distant environment. As a result of the stimulation of the special senses, chase and escape are effected, flight is conducted, food is secured, and mates are found. It is obvious, therefore, that the distance ceptors are the primary cause of

continuous and exhausting expenditures of energy. On the other hand, stimuli applied to contact ceptors lead to short, quick discharges of nervous energy. The child puts his hand in the fire and there is an immediate and complete response to the injuring contact; he sees a pot of jam on the pantry shelf and a long train of continued activities is set in motion, leading to the acquisition of the desired object.

The contact ceptors do not at all promote the expenditure of energy in the chase or in fight, in the search for food or for mates. Since the distance ceptors control these activities, one would expect to find that they control also those organs whose function is the production of energizing internal secretions. Over these organs—the thyroid, the adrenals, the hypophysis—the contact ceptors have no control. Prolonged laboratory experimentation seems to prove this postulate. According to our observations, no amount of physical trauma inflicted upon animals will cause hyperthyroidism or increased epinephrin in the blood, while fear and rage do produce hyperthyroidism and increased epinephrin. This is a statement of far-reaching importance and is the key to an explanation of many chronic diseases—diseases which are associated with intense stimulation of the distance ceptors in human relations.

Stimuli of the contact ceptors differ from stimuli of the distance ceptors in still another important particular. The adequacy of stimuli of the contact ceptors depends upon their number and intensity, while the adequacy of the stimuli of the distance ceptors depends upon the experience of the species and of the individual. That is, according to phylogeny and ontogeny this or that sound, this or that smell, this or that sight, through association recapitulates the experience of the species and of the individual—awakens the phylogenetic and ontogenetic memory. In other words, sights, sounds, and odors are symbols which awaken phylogenetic association. If a species has become adapted to make a specific response to a certain object, then that response will occur automatically in an individual of that species when he sees, hears, or smells that object. Suppose, for example, that the shadow of a hawk falls simultaneously on the eyes of a bird, a rabbit, a mouse, a cow and a boy. That shadow would at once activate the rabbit, the bird and the mouse to an endeavor to escape, each in a specific manner according to its phylogenetic adap-

tation; the cow would be indifferent and neutral; while the boy, according to his personal experience, or ontogeny, might remain neutral, might watch the flight of the hawk with interest, or might try to shoot it.

Each phylogenetic and each ontogenetic experience develops its own mechanism of adaptation in the brain and the brain threshold is raised or lowered to stimuli by the strength and frequency of repetition of the experience. Thus, through the innumerable symbols supplied by environment the distance ceptors drive this or that animal according to the type of brain pattern and the particular state of threshold which has been developed in that animal by its phylogenetic and ontogenetic experiences. The brain pattern depends upon his phylogeny, the state of threshold upon his ontogeny. Each brain pattern is created by some particular element in the environment to which an adaptation has been made for the good of the species. The state of threshold depends upon the effect made upon the individual by his personal contacts with that particular element in his environment. The presence of that element produces in the individual an associative recall of the adaptation of his species—that is, the brain pattern developed by his phylogeny becomes energized to make a specific response. The intensity of the response depends upon the state of threshold—that is, upon the associative recall of the individual's own experience, his ontogeny.

If the full history of the species and of the individual could be known in every detail, then every detail of that individual's conduct in health and disease could be predicted. Reaction to environment is the basis of conduct, of moral standards, of manners and conventions, of work and play, of love and hate, of protection and murder, of governing and being governed, in fact, of all the reactions between human beings—of the entire web of life. As Sharrington has stated, "Environment drives the brain, the brain drives the various organs of the body," and here we believe we find the key to a mechanistic interpretation of all body processes.

On this basis we may see that the activities of life depend upon the ability of the parts of the body mechanism to respond adequately to adequate stimulation. This postulate applies not only to stimuli from visible forces, but to those received by the invasion of the micro-bodies which cause pyogenic or non-pyogenic infections. In the case of dangerous assaults by visible or

invisible enemies, the brain, through the nerves and all parts of the motor mechanism, meets the attack by attempts at adaptation. Recovery, invalidism and death depend upon the degree of success with which the attacking or invading enemies are met. Questions regarding disease become, therefore, questions in adaptation, and it is possible that, when studied in the light of this conception, the key to many hitherto unsolved physical problems may be found.

Perhaps no more convincing proof of our thesis may be secured than by a study of that ever-present phenomenon—*Pain*. In whatever part of the body and by whatever apparent cause pain is produced, we find that it is invariably a stimulation to motor activity—whose ultimate object is protection. Thus by the muscular action resulting from pain we are protected against heat and cold; against too powerful light; against local anemia caused by prolonged pressure upon any portion of the body. So, too, pain of greater or less intensity compels the required emptying of the pregnant uterus and the evacuation of the intestine and the urinary bladder.

It should be noted that in every instance the muscular activity resulting from pain is specific in its type, its distribution, and its intensity. This specificity is true not only of pain which is the result of external stimulation, but is true also of the pain associated with certain types of infection. The infections which are associated with pain are those in which the danger may be spread by muscular action or in which the fixation of parts by continued muscular rigidity is an advantage. As a striking corollary to this fact we find that the type of infection that may cause muscular action when it attacks one region of the body, causes no such action when it attacks another region. On the contrary, in the case of the painless exanthemata the protective response is not motor, but chemical. That is, in the case of the painless infections, the defense is by the formation of immune bodies in the blood. In the case of the painful pyogenic infections the defense is phagocytic. In these cases the parts of the body not invaded must be protected, and this protection is secured by various forms of motor activity. First, large quantities of lymph are poured out; second, the part is fixed by the continuous contraction of the neighboring muscles; third, those muscles are inhibited which by their ordinary action would spread the infection; and wherever

there is protective muscular rigidity, there is also pain.

We must observe, however, as a further proof of our hypothesis, that no muscular rigidity, and consequently no pain, is produced by pyogenic infections in those organs whose muscular contraction can in no way assist in localizing the infection. This is true of pyogenic infections in the substance of the liver; in the parenchyma of the kidney; within the brain; in the retro-peritoneal space; in the lobes of the lung; in the chambers of the heart; in the blood vessels of the chest and of the abdomen.

The peritoneum in its relation to vast fields of possible infection, has, through the law of natural selection, been wonderfully endowed with the means of resisting and overcoming infection. If the focus can be localized, almost any infection can be overcome by the peritoneum. This localization is accomplished by holding the muscular abdominal wall still and rigid; by holding the muscular intestinal wall still and rigid against a large volume of gas; and by quickly throwing out a fixative fluid—or exudation. As a secondary adaptation the stomach contents are ejected by vomiting, so that a protective anorexia against useless food now stands guard. Any perforation of the intestine awakens this great anti-infective adaptive motor activity.

If our conclusion is correct, why are certain cases—familiar to every surgeon—of widespread general peritonitis, or of cholecystitis, or of other abdominal lesions unaccompanied by pain, often without muscular rigidity or tenderness even, so that the surgeon may be misled and the result may be fatal? Such patients are almost invariably found among the aged or in the very young, and their very existence is but a further proof of our hypothesis. The reason why there is no pain in the aged or in the very young, is because in senility the brain is so deteriorated, and in infancy it is so undeveloped that the cerebral mechanism of associative memory is inactive; hence pain and tenderness, which are among the oldest of the associations, are lacking. This same principle—the loss or obliteration of associative memory—underlies the freedom from pain in the patient under the influence of narcotics or anesthetics. Hence it is that in the extremes of life the diagnosis of injury and of disease is beset by special difficulties, the entire body becoming as silent as is the brain, the pericardium and the other symptomless areas.

Pain, however, is not the only symptom of the invasion of the body by pyogenic or parasitic organisms. Fever, invariably, and chills, often, accompany the course of the infections. Can these phenomena also be explained as adaptations of the motor mechanism for the good of the individual?

As the phenomena of chills and fever are most strikingly exhibited in malaria, let us study the course of events in that disease. It is known that the malarial parasite develops in the red blood corpuscles, and that the chills and fever appear when the cycle of parasitic development is complete and the adults are ready to escape from the corpuscles of the blood plasma. Bass of New Orleans has proved that the favorable temperature for the growth of the malarial organism is 98 degrees, and that at 102 degrees the adult organisms will be killed, though the latter temperature is not fatal to the spores. The adult life of the malarial parasite begins after its escape into the blood plasma, and it is there that the organism is most susceptible to high temperature. We must infer, therefore, that the fever is an adaptation on the part of the host for dispatching the enemy.

What, then, may be the protective part played by the chill? A chill is made up of intermittent contractions of all the external muscles of the body. This activity results in an increase of the body heat and in an anemia of the superficial parts of the body, so that less heat can be lost by radiation. By this means, therefore, the external portions of the body contribute measurably to the production of the beneficent and saving fever.

It must be remembered that this power of adaptation is not peculiar to man alone, but that it is a quality shared by all living creatures. While the human body has been adapting itself for self-protection by producing a febrile reaction whereby to kill the invading organisms, the invaders on their side have been adapting themselves for a life struggle within the body of the host. In these mortal conflicts between invaders and host, therefore, the issue is often in doubt, and sometimes one and sometimes the other will emerge victorious.

We must believe that a similar adaptive response exists in all parasitic infections—the cycles varying according to the stages in the development of the invaders. If the bacteria develop continuously, the fever is constant instead of intermittent, since the adequate stimulus is constantly present.

Bacteriology has taught us that both heat and cold are fatal to pathogenic infections; for this reason either of the apparently contradictory methods of treatments may help, i. e., either hot or cold applications. It should be borne in mind, however, that we have to deal not only with the adult organisms, but with the spores also. The application of cold may keep the spores from developing, while heat may promote their development, and the course of the disease may vary, therefore, according to our choice of treatment.

From this viewpoint, we can understand the intermittent temperature in a patient who is convalescing from an extreme infection, as peritonitis, pyophlebitis, multiple abscesses of the liver, etc. In these conditions there may occur days of normal temperature, followed by an abrupt rise which will last for several days—this in turn succeeded by another remittance. This cycle may be repeated several times and on our hypothesis we may believe it is caused by the successive development to maturity of spores of varying ages.

If these premises are sound, the wisdom of reducing the temperature in case of infection may well be questioned.

On this mechanistic basis the emotions also may be explained as activations of the entire motor mechanism for fighting, for escaping, for copulating. The sight of an enemy stimulates in the brain those patterns formed by the previous experiences of the individual with that enemy, and also the experiences of the race whenever an enemy had to be met and overcome. These brain patterns in turn activate each that part of the body through which lies the path of its own adaptive response—those parts including the special energizing or activating organs. Laboratory experiments show that in an animal driven strongly by emotion the following changes may be seen: (1) A mobilization of the energy-giving compound in the brain cells, evidenced by a primary increase of the nissl substance and a later disappearance of this substance and the deterioration of the cells; (2) Increased output of epinephrin, of thyroid secretion, of glycogen, and an increase of the power of oxidation in the muscles; (3) Accelerated circulation and respiration with increased body temperature; (4) Altered metabolism. All of these are adaptations to increase the motor efficiency of the mechanism. In addition we find an inhibition of the functions of every organ and tissue that

consumes energy, but does not contribute directly to motor efficiency. The mouth becomes dry; the gastric and pancreatic secretions are lessened or are completely inhibited; peristaltic action stops. The obvious purpose of all these activations and inhibitions is to mass every atom of energy upon the muscles that are conducting the defense or attack.

So strong is the influence of phygenetic experience that though an enemy today may not be met by actual physical attack, yet the decks are cleared for action, as it were, and the weapons made ready. The body as a result, is shaken and exhausted. The type of emotions is plainly declared by the activation of the muscles which would be used if the appropriate physical action were consummated. In anger, the teeth are set, the fists are clenched, the posture is rigid; in fear the muscles collapse, the joints tremble, and the running mechanism is activated for flight; in sexual excitement mimicry is as obvious. The emotions, then, are the preparation for phylogentic activities. If the activities were consummated, the fuel—glycogen—and the activating secretions from the thyroid, the adrenals, the hypophysis, would be consumed. In the activation without action, these products must be eliminated as waste products and so a heavy strain is put upon the organs of elimination. It is obvious that the body under emotion might be clarified by active muscular exercise, but the subject of the emotion is so strongly integrated thereby that it is difficult for him to engage in diverting, clarifying exertion. The person in anger does not want to be saved from the ill effects of his own emotion; the person under sexual excitement wants only possession.

All the lesser emotions—worry, jealousy, envy, grief, disappointment, expectation—all these influence the body in this manner, the consequences depending upon the intensity of the emotion and its protraction. Chronic emotional stimulation, therefore, may fatigue or exhaust the brain and may cause cardiovascular disease, indigestion, Graves' disease, diabetes, and insanity even.

The effect of the emotions upon the body mechanism may be compared to that produced upon the mechanism of an automobile if its engines are kept running at full speed while the machine is stationary. The whole machine is shaken and weakened, the batteries and weakest parts being the first to become impaired and destroyed, and the

length of usefulness of the automobile being correspondingly limited.

So as we have indicated already certain deleterious effects are produced when the body mechanism is activated without resultant action. For example, the output of epinephrin is increased, and as a consequence, arterio-sclerosis and cardiovascular disease may occur in persons who have been subjected to prolonged emotional strain, since it has been proved that the prolonged administration of epinephrin will cause these conditions. We have stated that the emotions caused increased output of glycogen. Glycogen is a step toward diabetes, and therefore this disease, too, is prone to appear in persons under emotional strain. It is most common in those races which are especially emotional in character, so we are not surprised to find it especially prevalent among Jews. So common is this particular result of prolonged emotion that someone has said, "When the stocks go down in New York, diabetes goes up." Nephritis, also, may result from emotional stress, because of the strain put upon the kidneys by the unconsumed activating substances. The increased heart action and the presence of these activating secretions may cause myocarditis and heart degeneration. Claudication also may result from the impaired circulation.

We have referred to the fact that the emotions may cause an inhibition of the digestive secretions and of intestinal peristalsis. This means that the digestive processes are arrested, that putrefaction and autointoxication will result, and that still further strain will thus be put upon the organs of elimination. Who has not observed in himself and in others when under the influence of fear, anger, jealousy, or grief that the digestive processes and general well-being are rapidly and materially altered; while as tranquility, peace and happiness returns the physical state improves accordingly.

Dentists testify that as a result of continued strong emotion the character of the saliva changes, pyorrhea develops, and the teeth decay rapidly. Everyone knows that strong emotion may cause the hair to fall out and to become prematurely gray.

As to the most important organ of all—the brain—everyone is conscious of its impaired efficiency under emotional strain, and laboratory researches show that the deficiency is accounted for by actual cell deterioration; so the individual who day by day is under heavy emotional strain finds

himself losing strength slowly—especially do his friends note it. By summation of stimuli his threshold becomes lowered until stimuli which under normal conditions would be of no effect, produce undue responses. "The grasshopper becomes a burden," and prolonged rest and change of environmental conditions are necessary for restoration.

If in a long emotional strain the brain is beaten down; if the number of "low-efficiency" cells increases, the driving power of the brain is correspondingly lessened and therefore the various organs of the body many escape through the very inefficiency of the brain to produce in them forced activity. On the other hand, if the brain remains vigorous, the kidneys may take the strain and break down; if the kidneys do not break, the blood vessels may harden; if the blood vessels are not affected, the thyroid may become hyperplastic and produce Graves' disease; if the thyroid escapes, diabetes may develop; while if the iron constitution of the mechanism can successfully bear the strain in all its parts, then the individual will break his competitors, and their mechanisms will suffer in the struggle.

This whole train of deleterious results of body activation without action may be best observed and studied in that most emotional of diseases—exophthalmic goiter. In this disease the constantly stimulated distance ceptors dispossess the contact ceptors from the common path, and drive the motor mechanism to its own destruction, and the patient has the appearance of a person in great terror; or of a runner approaching the end of a Marathon race.

Exophthalmic goiter may result from long emotional or mental stress in those cases in which the thyroid takes the brunt of the strain upon the mechanism. As epinephrin increases blood pressure, so thyroid secretion increases brain activity, and increased brain activity in turn causes an increased activation of the motor mechanism as a whole.

We know that a deficiency or lack of thyroid secretion will inhibit sexual emotion and conception; will produce stupidity and inertia; will diminish vitality. On the other hand, excessive thyroid secretion drives the entire mechanism at top speed; the emotions are intensified: the skin becomes soft and moist, the eyes are brilliant and staring; the limbs tremble; the heart pounds loudly and its pulsations often are visible; the respiration is rapid; the stimulation of the fear mechanism causes the eyes to pro-

trude; the temperature mounts at every slight provocation and may reach the incredible temperature of 110° even. In time, the entire organism is destroyed—literally consumed—by the concentration of dynamic energy. It is interesting to note in these patients emotion gains complete possession of the final common path; they are wild and delirious—but they never have pain.

All the diseases caused by excessive motor activity may be called Kinetic diseases. Against the conditions in life which produce them man reacts in various ways. He introduces restful variety into his life by hunting and fishing; by playing golf and tennis; by horseback riding; by cultivating hobbies which effectually turn the current of his thoughts from the consuming stress and strain of his business or professional life. These diversions are all rational attempts to relieve tension by self-preservative reactions. For the same reason man attempts to relieve the strain of contention with his fellow man by unions, trusts, corporations. In spite of all efforts, however, many constitutions are still broken daily in the fierce conflicts of competition. We know how often the overdriven individual endeavors to minimize the activities of his motor mechanism by the use of agents which diminish brain activity, such as alcohol, tobacco, and various narcotics. Occasionally also, some person, who can find no respite from his own relentless energies, seeks relief in oblivion by suicide.

Most fortunately, two fundamental instincts—self-preservation and the propagation of the species—act powerfully to prevent this last fatal result, and instead the harassed individual seeks from others the aid which is lacking within himself. He may turn to the priest who seeks and often secures the final common path for faith in an over-ruling providence, a faith which in many incontrovertible instances has proved sufficient in very truth to move mountains of lesser stimuli; or he turns to a physician who too often treats the final outcome of the hyperactivity only. The physician who accepts the theory of the kinetic diseases, however, will not only repair so far as he may the lesions caused by the disordered and forced activities, but will by compelling and forceful suggestion secure the final common path for right conduct, that is, for a self and species-preservative course of action as opposed to wrong conduct—a self and species-destructive course of action.

By forcefully imparting to his patient the knowledge of the far-reaching effects of protracted emotional strain, of overwork and of worry, the physician will automatically raise his threshold to the damaging activating stimuli which have produced the evil results. Even though some parts of his organism may have been permanently disabled, a patient thus protected may yet rise to a plane of poise and efficiency far above that of his uncontrolled fellows.

In extreme cases it does not seem unreasonable to believe that the uncontrolled patient might be rescued by the same principle which has proved effective in saving patients from the emotional and traumatic strain of surgical operations—the principle of anociassociation. That is, by disconnecting one or more of the activating organs from the brain, the motor mechanism might be saved from its self-destruction.

Under this hypothesis, that man in disease as in health is the product of his phylogeny as well as of ontogeny, the sphere of the physician's activities takes on new aspects of far-reaching and inspiring significance. Prognosis will become definite in proportion to the physician's knowledge not only of the ontogenetic history of the individual patient, but also of the phylogenetic history of the race as that knowledge increases as he appreciates more and more keenly the significance of environment in its effect upon individual development, in so far will the physician be in a position to contribute mightily to the welfare of the race.

DISCUSSION.

DR. FRANK D. GRAY, Jersey City. Mr. Chairman, this is certainly a case of a man jumping in where angels should fear to tread. I take it that no one without a reasonable amount of temerity would dare to discuss such a wonderfully enlightening address as we have just listened to, but as we have been requested to talk about it, I think it would be most discourteous for us to allow our fears and modesty to keep us from saying something.

I received several impressions during the address. The first one was of satisfaction that one of my disquieting thoughts about creation was helped out. It has often been a source of some disquietude to me to feel that an all-wise Creator put together the organism, the human body, without making it complete: in other words, on the point of hemorrhage, why in the world didn't the Creator establish internal organs that were just as able to resist hemorrhage as the external organs? Now, we have found out why. It was not an original creation, but a process of evolution and the internal organs have not had an opportunity to develop the peculiarity found in the external organs. And another thing was that we ought to have a ———? of diabetes at the present time.

With one or two questions I will sit down. I do not want these questions to be understood in any sense, as criticisms. They arose undoubtedly out of my ignorance. I would like to ask and have him answer, why it is that one layer of the peritoneum has, through contact, developed contact septors, and the other has not, when in fact the two layers, visceral and parietal, are practically in contact, hardly a space separating them? As we understand it, the parietal peritoneum is susceptible to pain, sense of heat and cold, while the visceral is not. The abdominal walls are soft and it just occurred to me that with the blocks between the ———?— one has and the other has not—?

The other question is also in relation to the peritoneum. Dr. Crile says that the peritoneum is a great resister of infection, and according to his argument that resistance to infection must have developed because of the frequent and persistent blows, you might say, which the peritoneum has sustained, just as the skin becomes immune to infection because of the blows it has had. Is it a fact? I simply ask for information.

I want again to personally thank Dr. Crile for this wonderful address.

DR. GORDON K. DICKINSON, Jersey City: Simply as a courtesy I thought I would say a few words. From time immemorial philosophy and medicine have been twin sciences working together. We could not have religion without philosopher and clergyman, and to-day the clever physician, the man in the front rank, a thinker and a leader, gives us a wonderful discourse on evolution, and as it comes our turn to talk we are conscious that he is a combination of philosopher and physician. All of you who have been listening to Dr. Crile cannot but believe that he is as much of a philosopher in medicine as he is a physician in medicine. All of those who have read his writings and studied his method of research work are certainly appreciative of the fact that his mind is essentially philosophical. I have not seen his technic; his hospital work they tell me is most extraordinary; that would follow as a matter of course, for as a man thinks accurately and consecutively, so his work will be.

In reference to this problem of mechanism, I have always liked to use the expression, "nature's splints," and my observation is that if one studies the way nature does things, he will find that in all really good work accomplished he has imitated nature. The clot in hemorrhage, the tightening of muscle, the lymph of inflammation are nature's splints.

One more thought I would like to give expression to; those at the present day who study the working of the mind are trying to discover what is our subconscious self, and the thought has come to me that Dr. Crile has thought so deeply on this mechanistic theory that when he comes to talk about it, "his" subconscious self will not permit him to become as stage-struck as I am.

DR. ABRAHAM JACOBI, New York City: I wish all those gentlemen who have just now given me applause would have reason to applaud after the few remarks that I have to make. I am sure they will be a little disappointed, but I thank you for your applause.

Now, if Dr. Crile has said that he was fragmentary, I can prove that I am more fragmentary than he can ever afford to be, for this reason: I do not mean to follow him in his philosophical reasoning, I would like only to take up a few of the points he made.

First, I would ask whether he has ever, or anybody has ever, demonstrated what he calls thrombin and anti-thrombin. Are there any such things? Have they ever been shown, or is their existence simply a supposition? That's a question he will undoubtedly be able to answer in a very few words. If they are able to explain the reason why blood coagulates or not, why not fall back upon what I think we know—that there are some people who have more ferment in their blood than others, and why there are individuals who have no ferment whatsoever? I would remind you of what you notice in melaena; where the melaena is not only the result of a gastric embolism, but where it is probably the result of the blood being unable to coagulate as well. We know now, and Dr. Welch in New York has shown, that when such a baby is nearly dying it can usually be restored by introducing a serum for the purpose of improving coagulation. If you inject into such a bleeding baby the serum of any other person, the bleeding will stop.

I should like to know from Dr. Crile whether his thrombin and anti-thrombin are things which have been shown and can be exhibited or are mere hypotheses. There are those of us who know of the Welsh treatment; all should know.

In regard to diabetes, he has told us that it is generally the Jew that is affected, affected principally because he is much more neuropathic than all of the rest of the mankind. That is only true to a certain extent. We have all been told that it is principally Jewish patients that show a predilection to diabetes. I believe that I can explain why this opinion—this almost universal prejudice I will call it—has taken place. From fifty years ago up to date it has been customary to say that the Jew is principally given to diabetes. We knew—we learned that from those who wrote about diabetes, in Carlsbad. Every diabetic patient, from fifty years ago up to to-day, goes to Carlsbad, and it so happened that almost all the people that went there for diabetes were Hebrews. Thus the Carlsbad doctors wrote book after book and pamphlet after pamphlet of their discovery that diabetes was principally a disease of the Jew. I am positive that I have seen a great many diabetic patients that were not Jews. Yes, I say, a great many—but diabetes is a more common disease than in former years. When I was a student, it is true, sixty odd years ago, in the clinic in Bonn for two years in succession we had one case of diabetes, and our old professor told us that this was the first case he had seen for years in his clinic. Since that time they have come in flocks and we meet them all the time, and I do not believe there is a general practitioner here who does not see a new case every few weeks. I believe that this opinion that it is principally the Jew that is given to diabetes will have to be rescinded for that very reason, as a good deal of our literature on racial etiology comes from such places as Carlsbad.

As to Graves' disease, I will give you only

one case which is a proof to my mind of the correctness of the remarks of Dr. Crile. Many years ago I was called to see a case of exophthalmic goitre, one of the largest I have ever seen in a woman who had been confined a few days before. Her husband was a beast and a drunkard. On the very day that the woman was confined he insisted upon cohabitation and the woman was so frightened—so out of her mind—that within twenty-four hours she developed her goitre. That had happened three or four days before I saw her. Her neck was very much swollen, had all the symptoms from that very cause; as I ascertained that the woman had not had the slightest trace of the disease before; so there is just one such case that proves to my mind that the reason that Dr. Crile gave for goitre is certainly correct.

(To be continued in our next issue.)

ADDRESS OF THE THIRD VICE-PRESIDENT.

Delivered at the 147th Annual Meeting of the Medical Society of New Jersey, at Spring Lake, June 10, 1913.

PRIVILEGED COMMUNICATIONS

BY WILLIAM J. CHANDLER, M. D.,
South Orange, N. J.

About ten years ago the attention of this society was called to the fact that physicians on the witness stand in this State could be compelled to disclose any facts or information they might have, no matter how obtained nor in what confidence they may have been revealed to them. This helpless, pernicious and degrading condition of the medical witness was a surprise to many of the members of this Society and a resolution was passed requesting our legislative committee to investigate the matter and seek to have a law passed protecting the medical witness and preventing him from being compelled to testify as to facts coming to his knowledge in his professional relations with his patients.

Dr. Halsey, chairman of our committee on legislation informs me that at three successive sessions of the legislature this matter was taken up. "Once it passed the Senate and would have passed the House had our profession responded to the urgent appeal sent out by their committee. Another year it passed the House, but failed in the Senate." The objections to the bill were threefold, "1st, Physicians should not be exempt from giving testimony which might convict; 2nd, It made physicians a privileged class; 3rd, It would in many instances defeat the ends of justice." We will admit that these objections may

very properly be raised. But we will endeavor to place against them reasons for setting aside these objections and show that even the attainment of justice in an individual case may result in producing thereby a much greater injustice by lowering a witness' sense of honor, by destroying the confidential relations between physician and patient, which relations are so often absolutely essential to proper treatment, by the breaking up of domestic happiness and by unnecessarily dishonoring a fellow citizen or disgracing the memory of a departed friend.

We see then at the very start that there are two sides to this question. We should study it carefully and impartially, and consider whether we need a law in New Jersey to prevent the dragging from the lips of medical men the conditions and confidential communications of their patients.

Wigmore, in his very comprehensive and philosophical treatise on evidence, states that "Four conditions are necessary to the establishment of a privilege against the disclosure of communications between persons standing in a given relation:

1. The communications must originate in a *confidence* that they will not be disclosed;

2. This element of *confidentiality* must be *essential* to the full and satisfactory maintenance of the relation between the parties;

3. The relation must be one which in the opinion of the community ought to be sedulously *fostered*; and

4. The injury that would inure to the relation by the disclosure of the communications must be *greater than the benefit* thereby gained for the correct disposal of litigation."

These four conditions being present, a privilege should be recognized and not otherwise."

If we look back over the history of English courts we find that in the earlier times the taking of evidence was very imperfectly done, and while allowed to the plaintiff, was generally denied to the accused. Later a sense of justice demanded that both sides should be heard, and in the late 1400s, or the early 1500s, rules of evidence began to be evolved, but no kind of evidence was privileged. Anyone who was supposed to have knowledge of the facts could be brought before the court and obliged to give his testimony.

It was soon seen that there were good reasons for excluding certain kinds of testimony. For instance, the relation of hus-

band and wife seemed to forbid that one should testify against the other; State secrets and some trade secrets were protected. The relations of lawyer and client, priest and penitent, etc., were such as to many times warrant protection. But the relation of physician and patient was one which could always be broken into by the probing of the court. This stand of the English court in A. D. 1750 is well portrayed in the celebrated trial of the Duchess of Kingston for bigamy. Sir Hawkins, a physician, who had attended the accused and her alleged husband was asked: "Do you know from the parties of any marriage between them?" Ans. "I do not know how far anything that has come before me as a confidential trust in my profession should be disclosed, consistent with my professional honor."

The Lord Chief Justice Mansfield then made the following exposition of the English law: "If all your lordships will acquiesce, Mr. Hawkins will understand that it is your judgment and opinion that a surgeon has no privilege where it is a material question in a civil or criminal cause to know whether the parties were married, or whether a child was born, to say that his introduction to the parties was in the course of his profession, and in that way he came to a knowledge of it. If a surgeon was voluntarily to reveal these secrets, to be sure, he would be guilty of a breach of honor and of a great indiscretion; but to give that information to a court of justice, which by the law of the land he is bound to do, will never be imputed to him as any indiscretion whatever."

This has been the stand taken by the English court and it is still upheld. However, there have been numerous protests by eminent jurists. The law in this country is founded on the English law and until the early part of the last century the privilege granted to communications between lawyer and client was denied to those between physicians and their patients. Disclosures of a damaging character (that is, damaging far beyond the benefits derived from the disclosures) were frequently made and received the adverse comment of numerous jurists.

In 1828 the revisers of the statutes of New York stated as their reason for their "suggesting a statutory privilege for communications between physician and patient that Justice Buller (to whom no one will attribute a disposition to relax the rules of evidence) said it was much to be la-

mented that the information specified in this section (2 R. S., p. 406, s. 73) was not privileged." Mr. Phillips expressed the same sentiments in his Treatise on Evidence, page 104. "The ground on which communications to *counsel* are privileged is the supposed necessity of a full knowledge of facts, to advise correctly, and to prepare for the proper defense or prosecution of a suit. But surely the necessity of consulting a medical adviser, when life itself may be in jeopardy, is still stronger. And unless such consultations are privileged, men will be incidentally punished by being obliged to suffer the consequence of injuries without relief from the medical art, and without conviction of any offense. Besides, in such cases, during the struggle between legal duty on the one hand and professional honor on the other, the latter, aided by a strong sense of the injustice and inhumanity of the rule, will in most cases furnish a temptation to the perversion or concealment of the truth, too strong for human resistance. In every view that may be taken of the policy, justice or humanity of the rule as it exists, its relaxation seems highly expedient." As a result of this report and supported by a strong public sentiment in 1828 New York State passed the following law: "A person duly authorized to practice physic or surgery shall not be allowed to disclose any information which he acquired in attending a patient in a professional capacity and which was necessary to enable him to act in that capacity." This law has been several times amended. One of these amendments allows the patient or his legal representative to waive the privilege and permit the physician to testify. A later amendment includes nurses with physicians in the privileged classes.

Missouri passed a similar law in 1835 and other States have followed from time to time, until now twenty-seven States have passed laws protecting confidential communications made to physicians.

New Jersey has never passed any such law, but is still governed by the rules of the old English court as regards privileges to medical witnesses, so that if in this State a physician is called to the stand he must answer all questions no matter whether his information was obtained in confidence, no matter how damaging to innocent parties, and no matter how much the preservation of physical health or the saving of life might be retarded by this compulsory rule. We respect conserva-

tism, but should we respect a conservatism which sacrifices professional honor on the altar of legal inquisition, which parades revolting details, unnecessarily disgraces its people in order that some minor justice may be attained, which discourages its citizens from making due regard for the preservation of life and health lest thereby their closest secrets may be proclaimed in a court of law?

Let us consider some of the objections made by our legislators to the placing of such a law on our statute books.

1st. They object because it makes physicians a *privileged class*. It certainly does, and it is equally certain that they should so be. Precedent carries great weight in all matters of law. It has for centuries been the rule in English-speaking courts and generally in the courts of all civilized nations that communications between lawyer and client were privileged. There seems to be good reason for this, and it has been extremely well and strongly stated by Chancellor Brougham when he says: "The foundation of this rule is not on account of any particular importance which the law attributes to the business of legal professors, or any particular disposition to afford them protection; but is out of regard to the interests of justice, which cannot be upheld and to the administration of justice, which cannot go on, without the aid of men skilled in jurisprudence, in the practice of the courts, and in those matters affecting rights and obligations, which form the subject of all judicial proceedings. If such communications were not protected no man would dare to consult a professional adviser with a view to his defense or to the enforcement of his rights; and no man could safely come into court either to obtain redress or to defend himself."

He thus places the privilege squarely on the ground of public policy, and if this is sufficient to establish it for the lawyer and client, how much greater reason is there to grant the same privilege to physician and patient. Indeed, if you were to take the exposition of the stand as above quoted and substitute for "legal professors," the words, medical men and for "justice," the words, life and health, and paraphrase, accordingly, it would read somewhat like this: "The foundation of this rule is not on account of any particular importance which the law attributes to the business of medical men, or any particular disposition to afford them protection; but is out of regard to the interests of life and health,

which cannot be upheld, and to the administration of treatment, which cannot be given without the aid of men skilled in medical knowledge, in the practice of their profession, and in those matters affecting life, health and sanitation, which are the chief subjects of medical investigations. If such communications were not protected, no man would dare to consult a professional adviser, with a view to his relief or to the re-establishment of health; and no man could safely come into a council of physicians to obtain treatment for himself, nor even for his family.

All of us who are physicians will grant that many of the cases seen and treated by us would not require the protection of a privilege. And this is equally true as to the legal profession. But the ends of justice are best attained by granting protection to both professions. If the ground of "general polity" is sufficient to warrant the granting of a privilege to an attorney, how much greater reason is there on the same ground for granting equal privilege to a physician. In these days when we are probably at the opening of an era of eugenic marriages, and when the antecedents of both contracting parties will be subject to medical investigation, it might either discourage truthful statements or result in unnecessary disgrace, should these communications be subject to disclosure in some public court.

2nd. The second objection of our legislators is that: "Physicians should not be exempt from giving testimony which might convict." This is the objection of the pettifogger, who too often forgets that the object of the law should not be to *convict*, but to *administer justice*, and it sometimes happens that a greater injustice is wrought by the compulsory betrayal of confidence or the disgracing of a patient than would result from a failure to secure a conviction.

In the course of his remarks defending the protection of communications between physicians and patients, Justice Miller says: "To open the door to the disclosure of secrets revealed on the sickbed, or when consulting a physician, would destroy confidence between the physician and the patient, and it is easy to see might tend very much to prevent the advantages and benefits which flow from this confidential relationship." It is quite evident then that the disclosure of such communications would be fraught with too much disaster and would far outweigh the occasional miscarriage of justice.

In discussing this point with a distinguished attorney, a physician of this State was asked: "How many of your patients would be deterred from consulting you because of a fear that their confidences might be disclosed in a court of law?" He replied: "Not a majority, but a very large number." The reason for this is the general ignorance of the fact, both among physicians and patients, that in this State the law can compel the giving of this testimony. If it were generally known that all matters confided to the physician and all information obtained by him in his relations to his patient were liable to be publicly proclaimed on the witness stand, a great many patients would either not give full and necessary information or would keep away from a physician altogether. On the other hand it is very generally supposed that all things told to a physician are confidential and that that confidence is respected in a court of law. Once let it be known that the law of this State does not protect such communications and patients will be much less willing to confide, nay, even to consult as to their diseases, preferring to suffer physical or mental pain or even death itself, rather than have their secrets made known or disgrace attached to themselves or to their families.

3rd. The third objection is that it "would in many instances defeat the ends of justice." This is a more serious objection, but it is met in two ways. First, The law of precedent, which seals the lips of the attorney is open to this same objection, and if it is justified in the case of the attorney there is even stronger justification in the case of the physician.

But looking at the problem from another standpoint we would ask the question: "*Does it often defeat the ends of justice?*" I doubt it. The many ways open to the shrewd lawyer will often bring out the needed proof from other equally conclusive sources.

Second, But let us consider this third objection on its merits and taking the four conditions as stated by Wigmore, see how nearly the requirements are met in the relations of physicians and patients. I will therefore restate these conditions:

1. The communications must originate in a *confidence* that they will not be disclosed;
2. This element of *confidentiality must be essential* to the full and satisfactory maintenance of the relations between the parties;
3. The relation must be one in which, in the opinion of the community, ought to

be *sedulously fostered*; and 4. The *injury* which would inure to the relation by the disclosure of the communications must be *greater than the benefit* thereby gained for the correct disposal of litigation.

I think that there can be no dispute that conditions 1, 2 and 3 exist and rightly exist between physician and patient and, while they may not exist in every case and are not absolutely essential in every case, still the element of confidence is so essential that the general relation of physician and patient could not be maintained without it.

The fourth condition—that the injury from disclosure of communications would be greater than the benefit gained for the correct disposal of litigation—is one about which there might be considerable discussion, and in some cases considerable uncertainty. It is here that the contest in many life insurance cases hinges. It is often claimed by the company that false statements were made in the primary application. To establish this point it may be necessary to have the testimony of the physician who was the attendant at that time. The New York State law closes the lips of that attendant and it would at first thought seem that justice had miscarried. It is answered to this that the company had at the outset the statements of their examining physicians and had full opportunity to ascertain the existence of any disease, they have moreover received the premiums for many years and it is now inappropriate to attempt to escape the payment of the matured policy.

When we come to criminal cases there will sometimes seem to be good reason why the protection to patient and client should be removed in order that the interests of justice may be attained. There ought to be some way to ascertain whether testimony should or should not be taken. It would be very desirable if there could be some tribunal, which could hear the facts in private and decide whether the injury from the disclosure of the evidence would be greater than the benefits thereby secured in behalf of justice. There does not seem at the present time to be any speedy and available legal mechanism to bring about this desirable condition and we must allow the occasional miscarriage of justice on the ground of public policy, since "some kinds of evidence must be excluded or dispensed with, because greater mischiefs would result from requiring or permitting its admission than from wholly rejecting it."

The time allotted for this paper forbids the citation of illustrative cases to enforce the stand taken. Then, too, the details of such cases are always more or less repellent. The personal experience of some of you may be sufficiently confirmatory. I have thought it best to present only the general principles sustaining the rule of granting protection to communications between physician and patient, in the sincere hope and with the recommendation that the Medical Society of New Jersey will at this annual meeting refer the matter back to our legislative committee, requesting that a bill be prepared for presentation to the next legislature, and that a united effort be made by the profession of this State to place New Jersey with those other States, which have decided to protect professional honor, conserve the confidence necessary to obtain health or preserve life, and above all to secure the dispensation of *justice with the least injury and the greatest beneficence* to the whole commonwealth.

IDEALISM IN MEDICINE.*

By WELLS P. EAGLETON, M. D.,
NEWARK, N. J.

I am to speak on Idealism in Medicine. What idealism does the practice of medicine inherently bring?

When I chose this subject it all appeared very clear in my mind, but when I came to formulate it I found it was an illusive thing; though to us who have lived with it, it is so real, so vital, so controlling that we smile at the ignorance that calls it vague.

Occasionally in the course of conversation with a doctor we have perceived that he, a physician, lacks the idealism of medicine, that he has gone among us eating our bread and drinking our wine, but has failed to see, and take to himself that spirit which is the soul of medicine: that makes it a little different, and, I think, a little better, a little higher, a little more idealistic than other professions.

What is an ideal? A perfect thing, but is there any perfection of spirit? for it is this spirit that is the very soul of medicine, and to define it is impossible.

By the deed of gift of the Nobel Fund, a prize was to be an award each year for the best book of an idealistic nature, which prompted a writer to examine what idealism

was; and, finding that no definition really covered it and that authorities disagreed, he wrote a book to describe what idealism meant to him, a book for the prize itself; and one summer on the shore of a beautiful lake I read his book, but was not satisfied. On the opposite side of the lake arose two thousand feet of jagged rock and polished surfaces. On the top of this mountain was another lake surrounded by fearful devastation, but having on its shore a grove of small but very beautiful pines, among which I camped one night; and in the night the stars seemed only a few feet above me—I have never felt so near the stars. So when I read the page of what idealism meant to another, the words feel cold, but I could look at that mountain and understand what no man can describe for me.

We all know that the goal of medicine is the extermination of disease, but there is a great difference between the goal and the ideal that it contains. We are trying to eliminate disease, and incidentally to heal the sick, and restore the maimed to usefulness; and the supreme unselfishness of the goal contains within itself the secret of the spirit of medicine.

A man starts in business—for what? Personal gain. He makes a discovery, an invention, a consolidation of interests; for what? Personal gain. He works and thinks; for what? Personal gain. Incidentally all these are for the public good, and if he is a high-minded man, in national crises, he steps forward and puts his wealth and his brains at the service of the nation; but the spirit of his work did not prompt him to do this—it was the nobility in the man himself that rose above his financial interest and compelled him to do it.

How is it with the practice of medicine? He who enters finds within the spirit of helpfulness to others; the atmosphere, the association, the very soul and body of the craft itself makes for this. Instead of the man being greater than his business, the spirit of medicine makes him greater than himself. The spirit of medicine is greater than any one man's spirit; it is the accumulated spirit of ages of unselfish service. **THIS** is our heritage.

This is the age of service. We see it everywhere. The man who yesterday made his fortune by the oppression of his competitors or employees, today devotes that fortune to the service of humanity. The railroad, which years ago said, "the public be damned," today preaches the public be served. Everywhere we have public

* Address in response to toast "Medicine" at dinner on Twenty-Fifth Anniversary of Practitioners' Club of Newark, held May 6th, 1913.

service commissions, public service companies; it is the cry of the century, it is the fad, the fashion; but it all helps the great uplift that is surging through the world.

But to the medical profession all this is a very old story. While the capitalist was amassing his fortune, while the railroad was gaining its wealth, each true member of our brotherhood was practicing what is now universally preached.

From the earliest times the three professions most honored for their learning have been law, religion and medicine. I never could quite accept this classification. It seems to me that a profession should be honored not for its learning alone, but for the motive that prompts the learning, and the uses to which that learning is applied. And my personal experience has led me to believe that the three callings most worthy of respect are: the clergy, who are striving to improve the spiritual life of man; the educators, who are trying to develop his mind; and the physicians who are trying to make him physically and mentally perfect. Too long did our traditions prevent us from seeing the influence of the spirit on the bodily health, but today we welcome, and take unto ourselves the truth, that many ailments of the body are only curable through spiritual means.

The clergy are apt to look upon physicians as irreligious. We are not irreligious, we are deeply, religious, for no man can follow the spirit of medicine without becoming imbued with the gospel of love. We are not irreligious, but our education has taught us that no single creed contains within it all the truths of human life; and so we have little faith in creeds, but great faith in the spirit of Christianity.

Lawyers but too frequently have a contempt for us, and I believe justly. Their experience is apt to be limited to those physicians who appear on the witness stand as experts, selling their testimony to the highest bidder. If the legal profession could but know how deep is our resentment against this class of so-called medico-legal experts, they would hold us in more esteem.

As we enter maturity each one has to decide for himself what occupation he shall adopt for a livelihood; and, it is my firm belief, that he who requires to be spiritually satisfied in his daily work and yet remain mentally independent, will find in medicine the idealism he seeks.

There are few of us who could earn a living writing music, even though it were better than the average; still fewer who

could feed their families by writing poetry; but all of us can earn a living and follow the call of the spirit in the practice of medicine.

"And no one shall work for money, and no one shall work for fame,
But each for the joy of the working."

The joy of the working! I walked the streets with my friend; I was very much depressed. I had undertaken something that was beyond me. I had failed and I said: "The practice of surgery is hell." How often you have all said that. And he answered, "Yes, but nothing else would satisfy us." And my heart knew that it was so.

"* * * the joy of the working, and each,
in his separate star,
Shall draw the Thing as HE sees It for the
God of Things as they are!"

Clinical Reports.

Later Histories of Surgical Cases.

Reported by Dr. W. W. Keen, of Philadelphia, in the A. M. A. Journal.

Brain Tumor

In December, 1885, I removed a large tumor from the brain. It was my first case of modern cerebral surgery. The weight of the tumor was 3 ounces and 49 grains, and its size $2\frac{7}{8}$ by $2\frac{1}{2}$ by $1\frac{3}{4}$ inches, its circumference being $7\frac{1}{4}$ by 6 inches.

The tumor was a fibroma arising from the dura. Dr. W. J. Taylor has stated² that the patient "lived for nearly twenty years" after the operation. This is an unintentional error, for it was 25 years last December since the operation, and the patient was still alive a few months ago. His sight is poor, but is sufficient to enable him to find his way about, though not to enable him to read. He has once in a year or so an epileptic attack in spite of his use of bromides. He is now 50 years old and bids fair to live for some years.

Cancer of the Rectum

I made an inguinal artificial anus (Maydl), Nov. 5, 1892, and eleven days later resected 6 inches of the rectum, leaving both the inguinal and the perineal openings patent. The cancerous nature of the growth was established by microscopic as well as clear clinical evidence.

The patient, Mr. B., was 32 years old at the date of the operation. He lived until 1906, a period of fourteen years, and then died without local recurrence. It is possible that his death was caused by internal malignant disease, but this was not determined. I never attended him after the operation, though I often saw him socially.

Meantime he had been able to enter into all ordinary business and social life, to travel to Egypt and elsewhere, and to ride a horse and a bicycle. When later I proposed to close the perineal opening where the bowel protruded moderately he declined, for the reason that he was comfortable and had satisfactory control of the contents of the bowel.

Wrenched Knees and Slipped Semi-Lunar Cartilages.

From a paper by Dr. Frank E. Peckham, in the *Providence, R. I., Medical Journal*, Jan. 1913.

A young man wrenched his knee in a football scrimmage, and from that time the knee would give him trouble at intervals. There were times when the knee felt as if it were giving way under him. At other times it would catch, something would slip suddenly, and then it would be all right again. Still other times when the knee was twisted a little in going downstairs, something would lock and several days would elapse before it could be perfectly straightened. The treatment was given for three months or so, when everything was apparently all right. There was now smooth sailing for a while, when the knee was accidentally wrenched again, with a recurrence of the old trouble. The same treatment again gave an apparently successful result.

A little later there was a fall down a number of stairs, when the patient again came to my office and I was enabled to sense the feel of pushing into place a cartilage and seeing the motion instantly restored. This time I advised operation, and a little later stitched this (external) cartilage into place by silk sutures through the cartilage and tibia so that it was anchored in place. After this it ceased to give trouble.

The patient, however, about a year later, fell in some way and wrenched the same knee. The stitched cartilage held all right, but the internal one gave way this time. The non-operative treatment was instituted again with apparently a successful result.

An Unusual Type of Hydrocele.

Dr. J. Bentley Squier of New York reports the following case in the *A. M. A. Journal*. He refers to a case reported by Dr. C. A. Parker, in the *Journal*, February 15th, and says:

Having recently operated on a patient who presented a similar history with a like pathologic condition, and because of the comparative rarity of this form of hydrocele, I make the following report:

Patient.—A boy, aged 8, had fallen while skating; next morning a painless translucent swelling, irreducible to pressure, was present in the left side of the scrotum. The cord was possibly a little thicker than its fellow. The inguinal ring seemed closed and no impulse was present on coughing. The condition was regarded as an acute hydrocele.

Operation and Results.—February 1, under general anesthesia, operation for radical cure of the hydrocele was undertaken. The sac was found to be distended with bloody serum and at its summit to contain a small process of protruding omentum. As in Dr. Parker's case, the omentum was adherent at this point. The omental protrusion was deeply injected, and evidence of recent hemorrhage was present. The operation was completed by radical cure of the congenital inguinal hernia. The process of omentum accompanying the cord enveloped it in a cobweb covering scarcely increasing its size. Before operation an accurate diagnosis of hernia was not possible.

Case of Quadruplets.

Dr. Hauser, in *Munchener Med. Moch.*, April,

1913, related a case of this relatively rare occurrence, which may be summed up as follows: The midwife who had attended the case brought to the author a quadruplet placenta. Labor had been so rapid that no time was allowed to summon a medical man. The mother was a Pole, aged 29, V-para, all previous births single. As gravida on this occasion she had presented an early and unusually large circumference of body, so that she had suffered considerably and had been nearly unable to do any work for three weeks before delivery. Pains were strong, patient well able to bear down, and six and one-half hours after beginning of labor a child was born. Twenty minutes later a second one was extracted in incomplete foot presentation. After a short cessation of pains a third child arrived within another hour as a complete breech case, while one hour later the fourth child was born after the same presentation. Despite the great distention of the uterus the afterbirth period was brief and the large placenta was successfully expelled entire. The first two children were male and the last two female. The author found that the mother was a normal powerful woman, with no physical stigmata. The generative organs and accessories were normal throughout and there was no history in the families of multiple birth. The children all perished within 25 hours. They had the status of prematures (28-30 weeks) and some no doubt could have been saved in incubators—two or perhaps three. Having looked into the literature of the subject the author gives some conclusions which affect quadruplets. First, mothers of quadruplets are older than mothers of triplets just mothers of triplets exceed in age mothers of twins. Second, the number of primiparæ who give birth to more than one child diminishes with the increasing number of children at a birth. Third, mothers of quadruplets are nearly all multiparæ who have borne six or more children; while mothers of twins and triplets have usually borne two to five times. However, the number of quadruplet births is really too small to be available for statistics.

Extirpation of Spleen and Left Kidney—Recovery.

Dr. Muhsam, in *Deutsche Med. Woch.*, May 29, relates a remarkable case in a boy aged 9, who had been run over. Patient found in deep shock, urine bloody. The evidences of peritoneal irritation were present in a high degree and it was found that the kidney had prolapsed into the abdominal cavity, and all showed a complex injury. The belly was opened and active bleeding was seen to be present from the spleen. The latter organ was first extirpated after ligation of the vessels. The displaced kidney had not been ruptured, but was contused; and, since the loss of a few more ounces of blood might have proved fatal, this organ was also tied off. The patient's organs were seriously impaired at first (blood count, remaining kidney-blood left behind in peritoneal cavity) so that the complete recovery eventually made was the more surprising.

Unusual Case Esophageal Obstruction.

Reported by Dr. Anthony Bassler, of New York, in the *A. M. A. Journal*, March 15, 1913.

Mr. C. H. S. (referred by Dr. Stephen Lee, East Orange, N. J.) aged 78, married, manu-

facturer, family history negative, at the age of 30 notice a swelling in the root of his neck on the right side. This was diagnosed by Dr. Willard Parker and Dr. Sands as an aneurysm of the subclavian artery for which nothing was done, and the growth has not enlarged in the last forty-eight years. The patient took exceptionally good care of himself in the way of diet, exercise, sleep, etc.

About five years ago he noticed a stinging and distressing sensation in the right chest when he swallowed acid food or drink. This was particularly noticeable when he drank lemonade or ate stewed tomatoes. This stinging sensation, when prominent, gave him flashes of distress down the left arm. He stated that he had no distress excepting when he partook of acid things, and then only from five to ten minutes after he had swallowed, that partaking of these acid things did not cause him distress in the stomach, and that such distress as he had was entirely subdermal.

Examination revealed a tall, thin type of a man with an aneurysm of the second portion of the subclavian artery on the right side of the size of a small peach. No radical pulse was palpable on the right side. Blood-pressure, systolic, 186; diastolic, 100. Distinct atheroma of the right brachial. Urine contained increased amounts of indican, no albumin or casts. The heart was enlarged, and the aortic sound accentuated. There was general atony of the hollow viscera of the abdomen, and the second swallowing sound delayed to 30 seconds.

While the diagnosis of senility, aneurysm of the right subclavian artery, chronic excessive intestinal putrefaction of the indolic type, and arteriosclerosis, with gastro-enteric atony were possible, the main point in his connection was the interesting symptoms pertaining to swallowing. The supposition first was that the patient probably had an aneurysm in the arch of the aorta, although no physical signs suggested this. The diagnosis of the case of the swallowing symptom was made and confirmed by x-ray (Figs. 3 and 4.)

It is therefore plain that this man had a calcification of the aorta; the pressure on the gullet at that area caused by this calcification, and a pressure exerted on the esophagus by the upper part of the base of the heart, together caused a slight delay in transit in this portion of the tube. When the food or drink was of an acid nature, it irritated the mucous membrane of the esophagus at this midportion, and the patient had the symptoms described, which subsided in a few minutes when the contents in the esophagus had been delivered into the stomach.

Duodenal Ulcer.

Reported by Dr. Russell S. Fowler and Published in the Amer. Jour. of Surgery

Case 1. Duodenal Ulcer; posterior gastroenterostomy.

This patient, aged 28, is reported for the purpose of demonstrating the result of not preventing the passage of gastric juice through the open pylorus to an ulcerated area. Ten years ago this patient first experienced general cramps in the abdomen. At first these were without reference to meals. These cramps occurred at intervals of a few days or a few weeks, the symptoms lasting for a few days

or a week each time. Later the pain localized in the epigastrium. The pain would come three to four hours after eating; that is, when his stomach was empty. He expressed himself as being hardly able to get to a place quickly enough to get something to eat when the pain came on, as it was only by eating that he could get relief. He always ate heavily upon retiring at night to insure a good night's rest. He was never awakened at night, but in the morning the pain was most acute. During the last year the pain became very much worse and more frequent. He very seldom vomited. Lately he was troubled a good deal with gas. The history otherwise was negative. Thirteen days ago laparotomy disclosed an involvement of the visible portion of the duodenum with slight thickening. There was no indurated ulcer. The pylorus was held by slight adhesions to the liver. The visible portion of the duodenum was reddened, with here and there slight adhesions. The appendix was club-shaped and in a state of chronic inflammation. Appendectomy and posterior gastroenterostomy. It was thought that as the pylorus was held up by adhesions and as the duodenum was too inflamed to put sutures below the pylorus that the posterior gastroenterostomy would be sufficient to relieve the symptoms. That has not been the case, at least as yet. For the first week after operation he was entirely relieved of his old pain nor has the same pain returned, but there has been epigastric distress, which he describes as not the same as before the operation. I think it would have been better in this case had sutures been placed in the lower pole of the stomach so as to prevent gastric juice from entering the duodenum. The case will be observed carefully, and if not entirely relieved in a few weeks will be submitted to the operation for excluding the ulcerated area by suture above the pylorus.¹

Case 2. Duodenal Ulcer; posterior gastroenterostomy and exclusion of the ulcerated area.

This patient is reported for the purpose of demonstrating the result following the operation for exclusion of ulcerated areas in the pyloric region² and for comparison with the other case of duodenal ulcer in which the excluding stitch was not used. This man, aged 39, was first seen on June 7, 1911. He complained of dull pain in the epigastric region which radiated to the left side of the back. Ten years before he was seized with a sharp stabbing pain in the epigastrium quickly relieved by vomiting. The vomitus consisted of undigested food. Since this attack the patient has been similarly seized about every other week, sometimes oftener. Between the attacks he complained of a vague feeling of weight in the epigastric region. This was always relieved by vomiting. The pain was more constant than the vomiting and came on usually one to one and one-half hours after eating, was moderate in severity and radiated to the left side of the back. Previous history: Scarlet fever in childhood, typhoid fever about 12 years ago. Constipation has been a marked feature of his present illness. He was a well nourished man; abdominal examination was negative except for tenderness about the region of the gall-bladder and duodenum. A diagnosis was made of ulcer in the region of the pylorus with possible cholelithiasis.

Operation, June 8, 1911, disclosed an ulcer encircling the upper two-thirds of the duodenum for two-thirds of its circumference and extending above the pyloric vein. Posterior gastroenterostomy with no loop was done. The appendix was found somewhat thickened and was removed. A further examination of the pylorus showed that it was too patent and so held by the thickening, the result of the ulceration, that it was like a rigid tube. The ulcer was infolded with four mattress sutures and two mattress sutures were placed above it in the pyloric portion of the stomach infolding the portion of the stomach just above the pyloric vein in such a manner as to narrow its lumen as much as possible, thus precluding the possibility of gastric secretion getting at the ulcerated area. The patient made an uneventful recovery and left the hospital on the twelfth day following the operation. There was an immediate subsidence of pain and distress. He has not had pain or distress of any kind since the moment he regained consciousness from the anesthesia.

Complete Non-Descent of the Colon and Caecum

Reported by Dr. W. C. Borden, Washington, D. C., in a Paper Published in the Virginia Medical Semi-Monthly.

M. H., male, age 26 years. Occupation, butcher. Admitted to the George Washington University Hospital, 3 p. m., December 6, 1911. Family History: Negative.

Previous History: Negative as to abdominal trouble. Always had good appetite, no indigestion. Uses alcohol sparingly, smokes moderately. Usual weight, 165 pounds; no loss up to present illness.

Present Illness: On Tuesday, December 5, about 3 p. m., patient was seized with sharp colicky pains in the abdomen. There was some nausea and patient vomited a little. Felt a desire to go to stool and had a large loose movement. There was no chill and patient states that he had no fever. The pain interfered with his rest, and, becoming no better, a physician was called who pronounced the disease appendicitis and advised operation.

Condition on Admission: Patient well nourished, general appearance excellent, but with a markedly anxious expression of countenance. Temperature 98.6 degrees, pulse 80. Complaints of occasional colicky pains in abdomen not localized, but diffused and pains radiating into right lumbar region. Palpation shows increased tension on right side. Pressure tenderness not localized, but generally diffused on right side from ribs downward, and more marked in right lumbar region. Leucocytosis of 18,000 with 72 per cent. of polymorphonuclears.

Diagnosis: Acute appendicitis; operation advised.

Operation December 7, 1911, 9:00 a. m. Muscle splitting incision. On opening peritoneum, only small intestines could be found. The incision was enlarged, the ileum located and found to pass with a curve, concavity inward and upward, to the usual site of the ileo-caecal junction, and thence upward in the usual course of the ascending colon. It was quite closely approximated to the posterior abdominal wall by a short and broad mesentery, the peritoneum covering the anterior and lateral sides of the gut. In order to follow the

intestine to the colon it was necessary to extend the incision nearly to the lower border of the ribs. The caecum, which was very short, extended to the right, not downward, and but little beyond the ileo-caecal junction. There was no ascending colon and the caecum and the transverse colon into which it merged were in direct opposition with the liver. The ileum entered the large intestine at right angles from below and somewhat posteriorly. There was no intra-peritoneal evidence of the appendix. It was believed to be post-peritoneal. The peritoneum was incised and the short caecum mobilized, when the appendix, 5 inches in length, markedly inflamed and with a gangrenous patch 2 centimeters in length at the tip, but not ruptured, was found coiled up behind the caecum in the fossa to the right of the duodenum and over the kidney.

It was liberated and removed. With some difficulty a purse-string closure was made. No drainage was used. The patient made a stormy convalescence, largely due to a severe, acute dilation of the stomach which developed soon after the operation, but which yielded to repeated stomach washings and position treatment. He was discharged January 14, 1912, and has been in excellent health since.

This case presents the following interesting diagnostic, anatomical and surgical features:

The diagnostic signs were not marked. The tenderness was greatest at the back just below the ribs. Kidney or ureteral trouble was considered, but was negated by the normal urine, the abdominal tension, the character of the onset with nausea and vomiting, and the leucocytosis which, combined with the general symptoms, indicated an appendiceal lesion. On account of the location of the pain it was thought probable that the appendix was extra-peritoneal and behind the caecum and colon, possibly with the tip as high up as the lower border of the liver, a condition present in four of the writer's cases. As a matter of fact it was posterior to the caecum and just below the liver.

Stokes-Adams Syndrome.

Case reported by Dr. G. Ward Disbrow in a paper read before the University of Maryland Medical Society and published in the Hospital Bulletin, March 15th, from the clinic of Prof. Zueblin.

Case—Oliver Joynes; age, 79; widower; occupation, sailmaker.

Complaint.—“Grippe.”

Family History.—Father and mother dead, age and cause unknown; one brother dead, age and cause unknown; several sisters dead, age and cause unknown; one brother living and well; two sons living and well; three daughters living and well; one son dead, accident.

Exposure.—Lives near the waterfront and says that the neighborhood is infested with flies and mosquitoes.

Personal History.—Venereal diseases denied; moderate user of tea, coffee and tobacco; takes a glass of whiskey daily but has not been intoxicated for a year; previously became intoxicated quite frequently.

Past History.—Denies having had any of the diseases of childhood; history also negative to

pleurisy, malaria and rheumatism; had what he calls typho-pneumonia at age of 68; uncomplicated.

Present Illness.—Patient says that about two or three weeks ago he contracted a bad cold with a troublesome cough and that he entered the hospital to be relieved of this condition. At a later date, however, his daughter stated that on November 18 (1912) the patient had an attack of unconsciousness lasting about fifteen minutes, during which he became markedly cyanosed and his breathing heavy and strident. Later in the day he had three similar attacks averaging about five minutes in duration, after the last of which he fell into a sleep lasting about one-half hour. Upon awakening he was confused and so violent in his attempts to leave the bed that force had to be used to restrain him.

During the day following he had four or five similar attacks, but no more up to the time of admission to the hospital, which was November 21st (1912).

Gastro-Intestinal Symptoms.—Negative, save occasionally a pain over the liver area after eating and at times a sense of fullness in the stomach.

Plumary Symptoms.—Slight dyspnoea on exertion; otherwise negative.

Circulatory Symptoms.—Negative.

Genito-Urinary: Point; Nervous; and Special Sense Symptoms.—Negative.

Physical Examination of Oliver Joynes, Ward I, Case 4, University Hospital, December 3, 1912.

General Inspection.—Patient in dorsal decubitus position. Shows a fairly well nourished adult white male about 70 years of age. Conscious and rational. Head well formed but forehead somewhat sloping toward the vertex. Scalp well covered by white hair, no areas of alopecia, and no scars visible. Veins of temporal area of forehead enlarged and visible but show no pulsations. Eyes react sluggishly to light and accommodation and are equal. Ocular motion good. No strabismus. Von Graefe's Stellwag's and Moebius' signs negative. Ocular conjunctiva clear. No corneal opacities. Palpebral conjunctiva slightly anaemic. Nose well formed. No deviation of septum. No discharge. Ears well set in relation to frontal angle. No tophi. No Wollners' tips. No Darwinian tubercles. No discharge. Patient totally deaf in both ears. No mastoid tenderness. Mouth: Mucous membrane of good color; tonsils not enlarged; tongue protrudes in mid line with fine tremor; no fissures or coating; upper teeth absent; gum in good condition; lower teeth in fair state of preservation, but with marked pyorrhea alveolaris. Neck well formed. Skin loose and flabby. No torticollis. No tumors. No tracheal tug and no palpable glands. At base of neck in episternal notch and on both sides of the neck anterior to the sternocleido-mastoid muscle are visible venous pulsations. These pulsations being apparently twice as frequent as the cardiac impulse (76-38). Chest: Well formed with well marked signs of emphysema. Skin on both sides, most marked on the right, shows a reddish, dry shiny, scaly, irregular, slightly raised eruption. Cardiac impulse visible in sixth interspace about five inches from the mid sternal line. Abdomen: Skin relaxed and flabby; no scars; no herniae.

Arms show tattoo marks. No scars. No enlarged axillary or epitrochlear glands. Genitalia shows no scars and no varicocele. Legs, no scars, ulcers or varicosities.

Chest.—Heart area. Inspection. Cardiac impulse in the sixth interspace about five inches from the mid sternal line. Impulse forcible but slow, rate being 38 at the time of examination. No thrills over cardiac area. Percussion. (Relative dullness). Base in second interspace. Right border beneath right para sternal line. Left border extends from about three inches to the left of the mid sternal line in the second interspace, curving outward and downward to meet the point of maximum impulse in the sixth interspace about six inches from the mid sternal line. (Absolute dullness). Extends from fourth interspace to base vertically along the left para sternal line, and from left para sternal line about $2\frac{1}{2}$ inches to the left. Auscultation. Systolic murmur soft and blowing in character, heard loudest over the mitral area, and transmitted to the axilla. Murmurs are also audible over other valve areas, and is transmitted very distinctly to the right side of the neck. Second pulmonic sound accentuated slightly.

Lungs.—Inspection. Expansion normal and equal on both sides. Palpation. No tactile fremitus. Percussion. Right front shows slight impairment of note from apex to about the third rib. Rest of chest slightly hyperresonant. Auscultation. Right front, breath sounds increased and expiration prolonged from apex to third rib, with a few fine crackling rales, otherwise normal. Left front normal. Right back, breath sounds increased and expiration prolonged. From apex to about the second dorsal vertebra are a few fine crackling rales. Left back normal.

Abdomen.—Spleen and kidneys not palpable. Liver dullness somewhat increased and appears for about one inch below the right costal margin. Upper boundary at seventh rib. Lower border not rough or nodular. Abdomen not distended, painful or tender. No masses palpable. No scars or herniae. Inguinal glands not enlarged.

Reflexes.—Knee jerk slightly increased. Other reflexes normal.

Pulse.—Rate 38. Equal on both sides. Volume, tension, force, rhythm good. Radial arteries sclerotic as are also the femoral, brachial and temporal.

Blood Pressure.—Systolic 212. Diastolic not obtained. (Dr. Zueblin.)

Report by Dr. W. H. Smith on Heart Findings.

Owing to the emphysematous condition of the lung the heart area cannot be mapped out with any degree of accuracy. The point of maximum impulse can neither be seen nor felt but is best heard in the sixth interspace somewhat toward the anterior axillary line. Over the P. M I. can hear a rather rough blowing murmur occupying both systole and diastole, well transmitted to the left axilla and heard along left scapular border. Over the tricuspid area can hear the first sound accompanied by a soft systolic and followed by a long drawn-out diastolic murmur. Over aortic area a presystolic rumble, a systolic murmur and diastolic rub is heard, and a soft systolic and diastolic click is heard over the pulmonic area. Liver border is not palpable but a definite resistance

is experienced below right costal margin, and the area of dullness is found to extend from the seventh rib to about two fingers' breadth below the costal margin in the mammary line.

Bedside Note.—11.30.12. Patient seems brighter and not as nervous as on admission. Pulse 38 per minute. Cervical pulsations much more frequent. No more syncopal attacks. Sleeps much better. (Dr. Allgood.)

Discharge Note.—12.17.12. Patient leaves hospital today with cardiac condition unchanged but pulmonary symptoms entirely gone. At time of discharge pulse was 30. Temperature 98° F. and respirations 24 per minute. (Dr. Rauschenbach.)

Laboratory Examination. Temperature 98.4.

Blood: Erythrocytes, 4,016,000; hemoglobin, 85%; color index +1; leucocytes, 7600; polymorphonuclear, 38%; lymphocytes, 60%; mononuclear, 1%; transitional, 1%; basophiles or eosinophiles, none; platelets, few; poikilocytosis, none; granular basophilia, none; macrocytes, or microcytes, each a few; no normoblasts, megaloblasts, myelocytes, bacteria, malaria, or hematin crystals.

Feces: Olive brown color, putty-like, strong fecal odor, no blood, pus, mucus, calculi, connective tissue, muscle fibres or foreign bodies.

Urinanalysis: Amber, alkaline, turbid, 1022, no sugar, trace of albumen, W. B. C. a few, few pus cells, epithelial cells, triple phosphates, amorphous phosphates, debris, Urea grams 15.

Microscopic: R. B. C., none; pus cells, none; epithelial cells, few; crystals, fat acids; meat fibres, +; connective tissue, +; starch cells, few; free fat, none; fat acids, +; parasites, none.

Wassermann—Blood, negative.

Dr. Disbrows, in the paper from which this case is taken, says:

The treatment of this affection is unsatisfactory, because in the present stage of our knowledge it must be mainly symptomatic. In a few cases where syphilis appears to have been an etiologic factor potassium iodide in full doses and the mercurial treatment have given good results. In the case reported by Hoffman characterized by marked anaemia, inhalations of oxygen, accompanied by proper diet, seems to have done good, and eventually to have removed the attacks. However, others who have tried these measures claim no good results whatever. Rest is absolutely indicated, especially during the paroxysms. If the patient is confined in bed with the head somewhat lower than the rest of the body, the syncopal attacks may be very much alleviated. Theoretically diffusible stimulants, as ammonia, camphor, ether injections, etc., should be of benefit by arousing the heart to more rapid action. For the same reason and also because of its action as a vasodilator, nitroglycerine should mitigate an attack, but these remedies, while apparently doing good for a time, have been found to fail utterly when resorted to over longer periods. Possibly the treatment that has proven of the most value is morphine in one-quarter grain doses. This is not curative, but by quieting the nervous system and promoting sleep it will help tide the patient over that intense feeling of anxiety and dread so natural in one afflicted with so uniformly fatal a disease.

Myomatous Uterus, Complicated with Suppurating Ovarian Cyst on the Right Side, Tuboovarian Abscess on the Left, and Chronic Pelvic Peritonitis—Organic Heart Lesions.

Dr. Herman J. Boldt reported this case, Jan. 23, at the N. Y. Academy of Medicine. The patient, who was forty-five years of age, had been bleeding profusely for two months, but had declined examination. The lower part of the abdomen was filled by a tumor which was evidently adherent to all parts of the pelvis. It was clear from examination that a myofibromatous uterus was present, and that it was probably submucous was surmised from the profuseness of the flow. The error of diagnosis consisted in not recognizing the other pelvic complications. If they had been correctly diagnosed, the proper procedure would have been to first make a vaginal section and to empty the suppurating vaginal cyst per vaginam and also the large tuboovarian abscess on the left side. Spinal analgesia was resorted to because of the heart complications, but not being satisfactory nitrous oxide and oxygen were employed. It was still too soon to report the termination, but the patient was doing well despite the extensive peritoneal infection with pus.

Ectopic Gestation with Large Hematocele.

Dr. S. W. Bandler reported these two cases at the N. Y. Acad. of Med. meeting, Jan. 23. The first patient was 22 years of age and had given birth to one child three and one-half years ago. Menstruation was expected on November 18. Two days before this time she was seized with sharp cramps in the lower abdomen which lasted a day and were followed by bleeding. At the time of her admission to the hospital, three weeks later, she gave a typical history of ectopic gestation. Examination showed the cervix hard, large, and fairly movable; the uterus was enlarged and movable, and there was tenderness in the right iliac region. Examination under the anesthetic before operation gave the sensation of a large hematocele surrounding a firm tube. When the peritoneum was exposed there was a typical blue shimmer which Dr. Bandler said he had observed in every case of ectopic gestation operated upon through the vagina. After the introduction of the anterior speculum the tube was grasped near the right uterine horn by a pair of ovarian forceps, and, by a succession of these and by manipulation of the fingers of the right hand, the tube, which, was no larger than the thumb, was brought into the field, and three chromic catgut sutures were firmly applied about the ligamentum infundibulo-pelvicum. The tube was ligated along the mesosalpinx, but the ovary was not disturbed. The hematocele was as large as a child's head and a posterior vaginal incision was made on completion of the operation for drainage.

The second case was also a young woman, 22 years of age, who had had one child three years previous to her admission to the hospital. Two and one-half years before she had begun to complain of cramp-like attacks in the right iliac region occurring once in three or four months and lasting for two or three hours. These attacks had become more frequent and severe during the past year. The last menstruation had occurred a little more than four weeks be-

fore admission. Colostrum was present in the breasts, but no masses were felt in the abdomen. The cervix was small and soft and the uterus of the fundus was indistinctly felt forward. A definite diagnosis was made under anaesthesia and she was operated upon December 10. In this case the plica showed the typical blue shimmer which was such an important diagnostic feature in ectopic gestation. Incision of the plica verified the diagnosis as dark clots and dark fluid poured out. As much of this as possible was removed with sponges. The uterus was turned so that the right horn was in the median line, and the fingers of the right hand enucleated the enlarged tube from the hematocele. The tube was brought into view by the application of clamps to the uterine end of the tube and to the ovarian ligament, after which a clamp was applied to the ligamentum infundibulo pelvium. Then three ligatures were applied about the ligament. The tube was removed but the ovary was left behind.—Medical Record Report.

Abstracts from Medical Journals.

The "Thigh Symptom" in Cerebral Disease.

Dr. Heiniss, in *Wien. med. Wochenschr.*, describes a new reflex. If a moderately intense pressure be exerted over a point on the inner aspect of either or both thighs, corresponding to the site of the canalis adductorius, an expression of pain or a rapid defensive motion indicates a positive reaction. The writer found the symptoms nearly constantly positive in all cases of cerebral or meningeal disease. It was most constant and most marked in cases of tuberculous meningitis, during the entire course of the disease, but especially in the initial stage. As an early sign, it may prove of considerable value.

A New Method of Treating Hydrocele.

At the last session of the *Societe de chirurgie*, Dr. Morestin, surgeon of the hospitals of Paris, presented a patient in whom he had cured hydrocele by a new method. After puncture of the tunica vaginalis, which he emptied completely, he injected 2 or 3 c.c. of a one-third dilution of liquor formaldehydi. A considerable inflammatory reaction resulted. White edema was produced in the scrotum and prepuce, but the patient suffered little. This process gives excellent results. The patient in question was operated on three years ago and the hydrocele has not recurred.

Sterility—A Remediabale Cause.

A communication in the *A. M. A. Journal* gives the following points: When in general practice, I was occasionally consulted for the relief of sterility by couples who had been married several years, and in whom there was no apparent physical disability. In searching for the causes, I found a suggestion in an old edition of the work on midwifery by Cazeaux that led me to think that the condition was often maintained by too frequent sexual indulgence.

Cazeaux suggested that in women the ovum is usually thrown off at the time of menstruation; but that during an orgasm provoked by sexual

congress the ovum might be discharged at other times. I reasoned that in this way the ova were constantly thrown off before reaching maturity, and therefore were incapable of fecundation. I advised that for five or six months all sexual intercourse should be abstained from excepting immediately before and immediately after menstruation. I feel sure that in fifteen or twenty cases pregnancy occurred as a result of following this advice, and I am confident that in some, subsequent conceptions were brought about in the same way.

From my observation, I came to believe that sterility from these causes occurred most frequently when the husband and wife were peculiarly vigorous and especially congenial.

Membraneous Pericolitis.

Dr. Charles Ryan, of Des Moines, Iowa, at the annual meeting of the Medical Society of the Missouri, Valley, March, 1913, related his personal experience, which had been confined to 12 cases within the past eighteen months, none of which would furnish especial interest for a detailed description except one. This case was a woman, 38 years of age, who presented symptoms of chronic cholecystitis and chronic appendicitis, which was his diagnosis. At operation there was found a well-developed membrane extending from a point about three inches above the caput coli to a point on the transverse colon two inches to the left of the median line; the transverse colon had been raised until it occupied a position approximating the anterior border of the liver, the gall-bladder being covered, and the membrane spreading over the anterior surface of the stomach. The appendix was kinked, the distal end being incarcerated in a well-formed Lane's kink. Simple division of this extensive membrane and Lane's kink, with the application of sterile vaseline to the latter, with appendectomy and cholecystotomy was the treatment. While she was greatly benefited the symptoms did not entirely disappear. The results in 12 cases at the present time were: Completely cured, 4; greatly benefited, 3; showing recurrence to a variable degree, 3, and 2 cases operated within the past week.

Gallstones.

Sir Berkeley Moynihan finds that a very large number of patients—probably, indeed, a large majority—who have suffered for years from "gastric" disorders have no organic disease in the organ impugned, but have a real structural disease in other parts, notably the gall bladder or the appendix. The "inaugural symptoms" of gallstones are briefly recapitulated as follows: The patient complains of a fullness, weight, and distention, or oppression in the epigastrium coming on soon after meals, within half or three-quarters of an hour, relieved by belching, and dismissed almost on the instant by vomiting, elicited with remarkable constancy by certain articles of diet, especially those of a "greasy" nature, and dependent rather upon the quality than upon the quantity of the food. There is a sensation of great tightness, which if unrelieved may become acute pain, from which the patient obtains ease by bending the body forwards, by flexing the right thigh on the abdomen, or by loosening all garments which fit tightly to the waist. There is frequently great complaint of "acidity" or heartburn, and in the act of belching

there may be sour or acid regurgitation. While the discomfort lasts the patient may notice a "catch" in his breath, and he finds, perhaps, that it is impossible to breathe deeply without feeling an acute stabbing pain at the right costal margin. There may be a feeling of faintness and nausea, and, rarely, vomiting may occur spontaneously. After a more than usually severe attack of "indigestion" the body and side may feel stiff for several days. A frequent and a very characteristic early symptom of cholelithiasis is the occurrence during an attack of indigestion of a slight sensation of chilliness, especially in the evenings after a meal. The patient may shiver for several minutes, and may hasten from the table to huddle over a fire. The sensation of "goose flesh" is often experienced, and several medical men upon whom the author has operated have said that in the severer phase it was not unlike a very slight rigor, the chilly stage being quickly followed by one in which the body feels hot and the skin begins to act queerly. The author believes that when once a diagnosis of gallstones has been made, operation is always indicated unless there are grave reasons forbidding resort to surgery.

Appalling Increase of Cancer.

That cancer has increased in recent years is perhaps a commonplace, but the extent of the increase is not generally realized. Under existing conditions one in seven women and one in eleven men die of cancer. In a pamphlet just issued the Society for the Prevention and Relief of Cancer has given a number of instructive statistics. In the decade 1851-1860 the annual average of deaths from cancer in England and Wales was 6,020. From 1881 to 1890 the average was 16,192; from 1901 to 1910, 30,914. This appalling rise in mortality has been continuous during these sixty years, and it is still going on. Allowing for increases of population, the deaths from cancer are now 5.9 per cent. of the total mortality from all causes. In 1851 the percentage was 1.4. During the thirty years, 1880-1910, the cancer death-rate for the United Kingdom had exactly doubled. Cancer is now overtaking consumption as a cause of death. Fifty years ago for every hundred deaths from consumption there were sixteen from cancer; to-day the percentage is six times as great. With regard to the increase of cancer, Sir Jonathan Hutchinson some years ago made the observation that it was due to improved hygienic conditions, for this enabled persons who otherwise would have died from infectious diseases and other causes to live to the age at which cancer is common. It is noteworthy that the increase is confined to carcinoma; sarcoma is not seriously on the increase.—A. M. A. J., London Letter.

County Medical Societies.

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The regular June meeting of the Atlantic County Medical Society was held at Hotel Chelsea on Friday, June 6th, at 8:30 p. m. The following program was presented:

1. Jacksonian epilepsy; (a) involving face
2. Moving Picture Illustrations, by Dr. T. H. Weisenberg, Philadelphia.

1. Jacksonian epilepsy; (a) involving face and arm; (b) involving face only. Idiopathic epilepsy; (10) patients. Torticollis.

2. Huntingdon's chorea. Sydenham's chorea or minor chorea. Generalized Tic (3 cases). Tic of tongue. Tic of abdominal muscles. Congenital cerebellar disease, showing gait. Astasia abasia (2 cases). Multiple sclerosis. Thalamus lesion. Tabes dorsalis (2 cases.)

3. Cerebellar tumor, showing gait (2 cases). Cerebral diplegia with athetoid movements (4 cases). Paralysis agitans (4 cases). Alcoholic tremor.

4. Hemiplegia. Postero-lateral sclerosis. Illustrating methods of taking reflexes, such as knee jerk, Babinski, etc. Pseudo-hypertrophic muscular dystrophy (2 cases). Amyotrophic lateral sclerosis, showing fibrillary tremor. Nystagmus. Ataxia of eyeballs. Idiots and imbeciles.

5. Dementia praecox, illustrated by 25 patients. Manic depressive insanity (3 cases). Paranoia and chronic mania.

6. The circulation of the blood in the tail of a tadpole.

7. Ameboid movements of leucocytes in the blood of newt.

8. The spirocheta pallida. Appearance of spirochete in smears from experimental corneal lesion of rabbit as shown by ultramicroscope.

A buffet luncheon was served.

BURLINGTON COUNTY.

D. F. Remer, M. D., Reporter.

The regular June meeting of the Burlington County Medical Society was held at Cole's Hotel in Moorestown on June 18.

Dr. A. L. Gordon, who has been ill for some time, occupied the chair for the first time since his election in January.

Drs. Georgie E. Whitaker and John Conroy, both of Burlington, were elected to membership.

The following program, arranged by Dr. D. H. B. Ulmer, was very ably rendered:

Paper on "Duodenal Ulcer: the Differential Diagnosis from the Standpoint of the Internist," by Dr. E. J. G. Beardsley, Philadelphia, Pa. Paper on "Duodenal Ulcer, the Surgical Aspect," by Dr. E. J. Klopp, Philadelphia, Pa.

The society accepted an invitation to hold the next meeting at the Home for Feeble-Minded Children at Vineland, where the members will be the guests of the institution.

HUNTERDON COUNTY.

Morris H. Leaver, M. D., Reporter.

On June 4th the members of the Middlesex and Hunterdon County Medical Societies met at the New Jersey State Village for Epileptics, at Skillman, N. J., by invitation of the superintendent, Dr. D. F. Weeks. The members began to arrive at noon and shortly after 1 p. m. we were invited in to lunch. The tables were arranged in the form of the letter "E" and they were loaded with good things that appealed powerfully to the hungry guests. While we were eating, the village band of eighteen pieces was rendering selections in an adjoining apartment and we were furnished with programs of the concert, printed in the village

printery. These were embellished with a large letter "E." Some of us thought that the arrangement of the tables and the letter "E" on the concert program referred to "Epileptic," while others were equally satisfied that the disputed initial stood for "Eat." Dr. Weeks being appealed to said it was meant for "Epileptic," thereupon we compromised the matter and agreed that judging from the appearance of the table we are expected to "Eat until we became Epileptic." This conclusion was further strengthened in the afternoon when we visited the different buildings of the village; one of the visiting physicians (from Middlesex) asked one of the attendants: "How many patients are being cared for in the institution? And she, with a far-away look in her eyes, sweetly replied: "I think we had four hundred and forty-two before these new ones came in to-day." Dr. Weeks was also overheard to remark that he believed "there are lots of epileptics traveling around that have never had a fit."

We were conducted about the grounds and through the buildings, and saw the inmates at their work, and right here is a splendid opportunity to moralize upon the care the State is taking of these unfortunates. It seems to me that as the years pass by the old question: "Am I my brother's keeper?" is being answered more and more in the affirmative. The State Epileptic Village is one of our institutions to which all the citizens of this State should point with pride.

We of the Hunterdon County Medical Society spent a very pleasant, as well as profitable afternoon, and our thanks are due the superintendent and the management for the opportunity.

Local Medical Societies.

The Morristown Medical Club.

The Morristown Medical Club met at the home of Dr. Harry Vaughan, on Speedwell avenue, April 30th.

A paper was read by Prof. F. S. Lovell, of Post Graduate Hospital, on the subject: "Borrowing Peri-Tonsillar Abscess," with a presentation of the case. Dr. Vaughan read a paper on "Nasal Hydrorrhoea," with a report of the case.

Physicians were present from Morristown, Madison, Whippany, Bernardsville, Basking Ridge, Summit, Chatham and Greystone Park.

Associated Physicians of Montclair and Vicinity.

Walter B. Mount, M. D., Secretary.

At the annual meeting of the Associated Physicians of Montclair and vicinity, held on May 26, 1913, at the Montclair Club, the following officers were elected for the season of 1913-1914:

President—Dr. J. C. Mabey, of Montclair.

Vice President—Dr. L. W. Halsey of Montclair.

Treasurer—Dr. I. A. Meeker, of Upper Montclair.

Secretary—Dr. W. B. Mount, of Montclair.

Historian—Dr. H. Wallace, of Glen Ridge.

The society now numbers 58 members, a gain of 11 since last year.

Dr. Louis Fischer, of New York City, read a

paper on "Cerebro-Spinal Meningitis in Infancy; Notes on the Diagnosis and Treatment."

Dr. Fischer emphasized the importance of lumbar puncture in any doubtful case, and in every case of convulsions. He described a modified method of testing for rigidity of the neck and opisthotonos. In cases where lumbar puncture resulted in a dry tap and symptoms were suggestive of meningitis, he advocated drainage of the lateral ventricle, by a needle inserted at the lateral angle of the anterior fontanelle, with subsequent irrigations of the ventricle. He gave the conditions which might cause a dry tap in lumbar puncture, which he said was not an infrequent result, and certainly could occur when the needle was in the spinal canal and not plugged.

After the meeting a supper was served.

Practitioners' Society of Eastern Monmouth.

The eleventh annual meeting and banquet of the "Practitioners' Society of Eastern Monmouth," held at Wardell's Port-au-Peck Hotel, was one of the most successful sessions' which the society has ever projected since its organization.

Doctors Harry B. Slocum, W. A. Robinson and W. K. Campbell comprised the committee of arrangements.

The evening of June twelfth was when the committee's program reached its accomplishment, and their smiles of self satisfaction, prolonged throughout the entire evening were markedly in evidence.

Dr. A. Schuyler Clark of New York City was the guest of honor, and his paper (The Treatment of Syphilis) was "Up to the minute." It was a first quality of paper—Instructive, Interesting, Entertaining, Absorbing. Everyone knows that a scientific paper may be any one of these things, but mighty few are all of them, and still fewer are the last. Well Dr. Clark's paper had all of these claims pre-empted.

Limited space forbids a lengthy resume of the paper. It will probably be published in one of the medical journals at an early date.

Dr. Clark is a strong adherent of salvarsan and neosalvarsan therapy. He described in careful detail, the technique of this treatment, and in answer to a question, said that the general practitioner, assuming that he had carefully studied the subject, and knew what he was trying to accomplish, could apply the treatment almost as well as the specialist.

He emphasized the importance of the Wasserman test, and insisted on the employment of Noguchi's "luetin" test repeated at long intervals, until the patient no longer responding, a cure may logically be considered as having been effected. The "luetin" should be applied, and give negative results, two years after all and syphilitic treatment has been abandoned before the permanent banishment of *Spirochoeta pallida* should be accepted as a fact.

Dr. Seymour Oppenheimer of New York discussed the paper very ably from the Auro-Laryngeal view point, and Dr. Reuel B. Kimball of New York spoke of the Pediatric aspect of the subject. Dr. Kimball gave some very interesting statistics regarding salvarsan and neosalvarsan therapy as applied to infant cases of congenital syphilis. The results are surprisingly successful.

Dr. Clark was tendered a vote of thanks for his highly capable paper, and was unanimously elected an honorary member of the society by a standing vote.

Dr. Seymour Houghton and Dr. George Gray Ward Jr., both of New York City, and several other guests of distinction were in attendance.

Twenty-eight regular members (about sixty per cent. of the entire membership) answered "Present" when the roll was called.

Dr. Howard J. Reed of Seabright was unanimously elected to regular membership.

Dr. Campbell the vice-president occupied the chair ably and ornamentally throughout this one of the Society's red letter evenings.

Of course the banquet which began at ten-thirty was (as always) highly enjoyable.

Regrets were read by the secretary from Drs. Charles North Dowd, John S. Thatcher, Simon Baruch and Leonard W. Ely.

The regular May meeting was held at Dr. J. J. Reed's residence at Seabright on the evening of the eighth, and was well attended and much enjoyed. Dr. Edwin Beach read a paper on "Influenza" which comprised complications and sequelae, and the discussion was general and prolonged.

Dr. and Mrs. Reed had provided most excellent refreshments which were served after adjournment.

Other Organizations.

American Medical Editors Association.

At the annual meeting of the association, held in Minneapolis, June 16, 1913, the following officers were elected: President, Dr. E. A. Van der Veer, Albany, N. Y.; first vice-president, Dr. H. Edwin Lewis, New York; second vice-president, Dr. Seale Harris, Mobile, Ala.; secretary and treasurer, Dr. Joseph MacDonald, Jr., New York; executive committee, Drs. C. F. Taylor, Philadelphia, Pa.; D. C. English, New Brunswick, N. J.; W. C. Abbott, Chicago, Ill. Publication committee, Drs. H. Edwin Lewis, New York, chairman; Charles Wood Fassett, St. Joe, Mo.; A. S. Burdick, Chicago, Ill.; James P. Warbasse, Brooklyn, N. Y., and J. MacDonald, Jr., New York, secretary.

New Jersey Doctor Graduates.

At the 159th annual commencement exercises of Columbia University, New York City, held June 4, 1913, the following fifteen Jerseymen out of the class of 100 received the degree of doctor of medicine from the Medical Department. College of Physicians and Surgeons: John Baptist Casale and Lloyd Stickles, of Newark; Herman Lawrence Dowd, of Orange; James Woods Babcock, of Jersey City; John Howe Carlisle, of Passaic; Charles Edmund Carr and Frank Clyde Carr, of Bayonne; Hugh Chaplain, of Ridgewood; Vincent Gilberti, of Rutherford; Zadoc Lawrence Griesemer, of Roselle; Edward Allen Jennings, of Short Hills; Howard Wieland Potter, of Elizabeth; Nathan Rosenthal, of Spotswood; Louis Gershon Shapiro, of Paterson; John Edward Williams, of Roselle Park.

Also from the Medical Department of the New York University, at the university's 81st

annual commencement, held June 4th, the following Jerseymen received the degree of M. D.:

Royal Albert Schaaf, Joseph A. Schramm and Maurice Teitelbaum, of Newark; Frank Delacy Sherwood, Elmer Marshall Mount, Jr., and Thomas William Connolly, of Jersey city; Harry Belleville Eisberg, Maximilian Frick and Samuel Einterz, of Hoboken; Allan Stewart; Kirkwood, of Madison; Edgar William Roberts, of East Orange; Benjamin Slobodien, of Perth Amboy; Robert Samuel Topping, of Rutherford; Willis Howes Van Der Wart, of Hackensack; George Woodruff Vananatta, of Belleville; Morris Jacob Weiss, of Bayonne, and Alfred Edward Oakes, of Elizabeth.

International Congress on School Hygiene.

The fourth congress—the first to be held in America—will meet in Buffalo, N. Y., August 25-30. According to the announcement of the executive committee, it will be by far the most elaborate effort yet made in this country toward getting the problem of school hygiene before the world. The program committee announces a program of 250 papers and fifteen symposiums taking up hygiene from the following points of view:

1. The hygiene of school buildings, grounds, material and up-keep;
2. The hygiene of school administration and schedule;
3. Medical, hygiene and sanitary supervision in schools.

Special discussions are being arranged on the following subjects:

School Feeding: arranged by the Committee on School Feeding of the American Home Economics Society.

Oral Hygiene: arranged by National Mouth Hygiene Association.

Sex Hygiene: arranged by the American Federation of Sex Hygiene.

Conservation of Vision in School Children: arranged by the Society for the Prevention of Blindness.

Health Supervision of University Students: arranged by Dr. M. P. Ravenal, University of Wisconsin.

School Illumination: arranged by the Society of Illuminating Engineers.

Relation between Physical Education and School Hygiene: arranged by the American Physical Education Association.

Tuberculosis Among School Children: arranged by the Society for the Prevention of Tuberculosis.

Physical Education and College Hygiene: arranged by the Society of Directors of Physical Education in Colleges.

The Binet-Simon Test: arranged by Professor Terman, Stanford University.

The Mentally Defective Child: arranged by Dr. Henry H. Goddard, Vineland, N. J.

Elaborate arrangements are being made for the entertainment of delegates, receptions, excursion, etc. Large numbers of delegates from this and most of the leading nations of the world.

The congress is open to all persons interested in school hygiene upon the payment of a fee of five dollars. Application of membership should be sent to Dr. Thomas A. Storey, College of the City of New York, New York City.

President Wilson has accepted the honorary office of patron of the congress. The presi-

dent of the congress is Dr. Charels W. Eliot, of Harvard University. The vice-presidents are Dr. William H. Welch, of John Hopkins University, and Dr. Henry P. Walcott, president of the recent International Congress on Hygiene and Demography.

College of Surgeons.

An American College of Surgeons was organized at a meeting in Washington on Monday evening, May 5th, 1913. Four hundred and fifty prominent surgeons of the continent of North America came together at the invitation of an Organization Committee which was appointed by the Clinical Congress of Surgeons of North America at its meeting in November, 1912. This committee consisted of Edward Martin of Philadelphia, Emmet Rixford of San Francisco, John B. Murphy of Chicago, Rudolph Matas of New Orleans, Albert J. Ochsner of Chicago, Charles H. Mayo of Rochester, Minn., Frederick J. Cotton of Boston, George Emerson Brewer of New York City, J. M. T. Finney of Baltimore, W. W. Chipman of Montreal, George W. Grile of Cleveland, and Franklin H. Martin of Chicago.

Five hundred men were invited to the meeting in Washington, four hundred and fifty of whom responded, represented all branches of surgery and surgical specialties. The surgeons responding to the invitation were designated the Founders of the College.

At this meeting in Washington, called for the purpose of effecting an organization, the Committee on Organization presented a definite tentative plan which included a call of the meeting, the presentation of by-laws, the presentation of resolutions, a plan for the completion of the organization by the election of governing bodies and executive officers.

The Call of the Meeting was read by Franklin H. Martin, Secretary of the Committee. This call, which is herein quoted in part, summarizes the work for which the Committee was authorized:

"First, It should formulate a minimum standard of requirements which should be possessed by any authorized graduate in medicine, who is allowed to perform independently surgical operations in general surgery or any of its specialties. Second, It should consider the desirability of listing the names of those men who desire to practice surgery and who come under the authorized requirements. Third, It should seek the means of legalizing under national, colonial, state or provincial laws, a distant degree supplementing the medical degree, which shall be conferred upon physicians possessing the requirements recognized by this law as necessary to be possessed by operating surgeons. Fourth, It should seek co-operation with the medical schools of the continent which have the right to confer the degree of M. D., under the present recognized standards, and urge these colleges to confer a supplementary degree on each of its graduates who have, in addition to their medical course, fulfilled the necessary apprenticeship in surgical hospitals, operative laboratories and actual operative surgery. Fifth, It should authorize and popularize the use of this title by men upon whom it is conferred, and its use should especially be urged in all directories of physicians in order that the laity as well as medical men can distinguish

between the men who have been authorized to practice surgery and those who have not."

The Founders Organization was then completed by the election of Edward Martin as Chairman and Franklin H. Martin as Secretary and the authorization of an order of business.

By-Laws were then submitted which named the corporation as The College of Surgeons and states the object as follows:

"The object of the College shall be to elevate the standard of surgery, to provide a method of granting fellowships in the organization and to formulate a plan which will indicate to the public and the profession that the surgeon possessing such a fellowship is especially qualified to practice surgery as a specialty."

The Organization and Administrative Plans are thus stated:

"The corporation is to be known as the College. The College shall consist of all members of the corporation, to be known as Fellows, and shall vest the general management of the corporation in a Board of Governors, and the Board of Governors shall in turn vest the details of the management in a board of trustees, to be known as the Board of Regents.

"The Board of Governors shall consists of the five hundred surgeons invited by the Organization Committee to serve as founders of the College and who have signified their willingness to act in that capacity. The individuals of the Board of Governors shall also be known as the founders of the College of Surgeons."

The Fellows of the College shall be graduates in medicine, who are legalized to practice in their States and provinces, who have made an application for fellowship, such application to be endorsed by three Fellows of the College and who have been elected to fellowship by the Board of Regents on recommendation of the Committee on Credentials.

An initial fee of Twenty-Five Dollars is required of each member of the College on his election to fellowship by the Board of Regents. The annual dues will be five dollars.

The by-laws were unanimously adopted with the provision that the Board of Regents should make any minor corrections deemed desirable and present such corrections for adoption at the next meeting of the Board of Governors.

The following officers were then elected:

President, J. M. T. Finney, Maryland; First Vice-President, W. W. Chipman, Quebec; Second Vice-President, Rudolph Matas, Louisiana; Treasurer, A. J. Ochsner, Illinois; General Secretary, Franklin H. Martin, Illinois.

Board of Regents.—J. M. T. Finney, Maryland; A. J. Ochsner, Illinois; Franklin H. Martin, Illinois; George E. Brewer, New York; George E. Armstrong, Quebec; John B. Murphy, Illinois; Edward Martin, Pennsylvania; F. J. Cotton, Massachusetts; Herbert A. Bruce, Ontario; C. F. Stokes, Washington, D. C.; William D. Haggard, Tennessee; George W. Grile, Ohio; Robert E. McKechnie, British Columbia; Charles H. Mayo, Minnesota; Harry M. Sherman, California.

The prospective Fellows are to be divided into four classes, A, B, C and D. Classes A, B and C are by resolution to be admitted without the formality of submitting to an examination.

The A class shall consist of founders of the College. The B class shall consist of the mem-

bers of the special surgical societies constituting the Congress of American Physicians and Surgeons and one hundred each, nominated by accredited committees from the several Surgical, Obstetrical and Gynecological Societies and Surgical Sections of the A. M. A. and The Canadian Medical Association. The C class shall consist of surgeons of prominence of five years in the practice of surgery or a surgical specialty, and who, in the opinion of the Committee on Credentials, are eligible for fellowship in the College without formal examination. The requirements for Class D are to be formulated by the Board of Regents and passed upon at a meeting to be held in Chicago. November, 1913.

It will be the spirit of this Association to open the fellowship to all competitors in surgery without favor. Scientific attainments, surgical ability, unquestioned moral character, measured by the College's standards, shall constitute the measure for fellowship.

All applications for membership should be forwarded to the Secretary of the corporation, Dr. Franklin H. Martin, 31 N. State street, Chicago, Ill. It would add to the ease of the work of the Committee on Credentials if references in the way of vouchers or recommendations from one or more well-known surgeons accompany each application for fellowship.

Campaign Against Cancer.

Plans for a nation-wide campaign of popular instruction for the checking of the increasing ravages of cancer were formulated at a conference between a special committee appointed by the Society of American Physicians and Surgeons and a body of laymen at the Harvard Club, in West 44th street, May 22, 1913. This conference, according to those connected with the movement, marks the first concerted effort in this country to make the public a co-operating agent with medical and surgical organizations against the recent alarming inroads of the disease.

The general programme of education calls for lectures at nurses' training schools and being free civic bodies and clubs and the publication of articles in popular magazines and in pamphlet form giving rules for the detection and treatment of disease in its early stages. Statistics show that 50 per cent. more women than men fall victims to this scourge, and hence special attention will be paid to the work of disseminating knowledge through the columns of women's publications and by means of lectures at their clubs.

The conference resulted in the formation of a permanent organization and the election of the following officers: President, George C. Clark, of New York; vice-presidents, Dr. Clement Cleveland, of New York; Dr. Lewis M. McMurry, of Louisville; Dr. Edward Reynolds, of Boston; Dr. Edward Morton, of Philadelphia, and Dr. Llewellyn F. Barker, of Baltimore; secretary, Thomas M. Debevoise.

The executive committee is composed of the following: Dr. George Brewer, New York; Dr. F. F. Simpson, Pittsburgh; Dr. Livingston Farrand, New York; Dr. Joseph C. Bloodgood, Baltimore; Dr. A. D. Bevan, Chicago; Dr. Leroy Brown, New York; Dr. Howard Lilienthal, New York; Dr. Jeff Miller, New Orleans; Dr. James Ewing, New York; Dr. Charles Pow-

ers, Denver; Dr. Reuben Peterson, Ann Arbor, Mich.; Dr. William M. Studdiford, New York; Dr. Frederick Taussig, St. Louis; Dr. Howard C. Taylor, New York, and John E. Parsons and V. Everit Macy, of New York.

The laymen's committee which brought about the movement is made up of James Speyer, V. Everit Macy, Thomas W. Lamont, George C. Clark, Frederick L. Hoffman, John E. Parsons and Thomas M. Debevoise. The committees was also able to announce yesterday the approval and active co-operation of almost a dozen scientific bodies.

Miscellaneous Items.

Treatment of Cases of Worry.

Extracts from a paper by Dr. W. F. Hart, of Camden, Me., on "Worry in the Maine Medical Journal.

In treating a well developed case of worry some other method than that of giving the admonition "Don't worry" must be adopted to be successful. The one who has succeeded in overcoming the habit realizes the magnitude of the undertaking. The two underlying factors of worry, the "unduly insistent thought" and exaggerated self-consciousness" have become so interwoven with the individual's life as to have become a part of himself, and only by long and persistent effort can they be rooted out. Medicine has its uses in overcoming physical ills, but for the cure of obsessions and egoisms, the products of years of faulty mental habits, self-discipline alone is the sovereign remedy. Though obsessions be as varied as there are different individuals yet, in order to walk in the fulness of mental liberty, one must overcome the one or more that restrains him.

Is it that everything must be done with exactness? If so, remember many things are too trivial to demand undue thought and to give to each subject that which the time and place legitimately demands.

Is it that we can sleep only when conditions are just right for our peculiar temperament? Then remember that regardless of temperament one can sleep under any ordinary condition and, furthermore, remember that the loss of a night's sleep occasionally is of far less importance than the fear of not sleeping, which in itself often keeps one awake. Is it a noise, position of the bed, strangeness of the surroundings that prevent our sleeping? If so we will place ourselves in a restful position and cease to think of the noise or other disturbing influence. If we can't stop thinking we will endeavor to concentrate our thought on some other subject than that which disturbs, or which is even better, we will with body and mind relaxed, avail ourselves of the suggestion "I can sleep" To sleep or not to sleep will often depend upon the condition of mind indicated by the presence or absence of an apostrophe and t ('t) with the word can in the sentence "I can sleep."

In all obsessions which fret and annoy, whether they be trivial such as I can't endure certain odors, I can't endure the presence of chewing gum, I can't go into a hall where there is a crowd, etc., or whether there be more im-

portant ones associated with business we should learn that the opposite is true.

That self of ours which to us has become of so great importance should learn that it is but one of a great many, and that in the world at large it averages the same amount of attention as every other self. As it learns this, it will be more easy to discard the idea that itself is a special object of observation and comment.

We should remember that a joking remark or a passing criticism contains no malice and is soon forgotten by the maker, and furthermore is nothing more than what every individual receives. Cease to worship self and do not expect others to render it homage.

Avoid introspection, that anxiously inquiring attitude of mind, to determine what effect every act and condition of life will have on one's self. With all these, if we cultivate the underlying principles of Christian living, viz: self-abnegation and brotherly love, we shall be free from the ravages of worry.

The treatment for ills arising from worry is that for neurasthenia and I will not further weary you by giving it. I wish, however, to make a brief plea for this class of patients. They are unfortunate and in many cases have arrived at their present deplorable condition through great mental suffering. That its occasion was more imaginary than real does not lessen the fact of suffering. As patients, they are as worthy of consideration as any of humanity's unfortunates and should not be lightly dismissed with the statement "There is nothing the trouble with you, go home, keep up courage, and you will be all right."

Though imaginary, their bad feelings are a living vital reality that should be relieved. To furnish their relief, enabling them once more to resume proper places in their families and to become useful members of society, requires something more than a science, it is an art.

New York Physicians May Practice in New Jersey.

Louis J. Ladinski, New York City, was summoned to attend a lawyer who shot himself in Newark in 1911. The lawyer's estate was found to be insolvent and the trustee in bankruptcy sued Dr. Ladinski for a recovery on a mortgage of \$2,000. The doctor responded with a counter claim for \$2,500 for medical services. The trustee then asked to have the counter claim thrown out on the ground that while a New York physician might practice in New Jersey without subjecting himself to punishment, he could not legally collect pay for such services. The Supreme Court, however, decided that the New Jersey laws left entire freedom to physicians of other states to render occasional professional services in New Jersey and, incidentally, to recover for services so rendered.

A Trap for a Malingerer.

The British Medical Journal states that in the Marylebone County Court a man claiming compensation for personal injuries said that in consequence of his collarbone having been broken, though reunited, he could not close his fist, and his grasp had become less firm. He was called up to the bench beside His Honor (Sir W. Lu-

cious Selfe). Dr. Oldfield, for the Accident Insurance Company, directed the applicant to place his left hand in the judge's right, palm to palm, push his own right hand well into his trousers pocket, and stand tiptoe on both feet. Having assumed this position, the surgeon gave him a slight push forward, and, to save himself from falling, the claimant clinched the judge's fist so firmly that His Honor squirmed, and called out, "That grip is firm enough," at which there was much merriment.

Limiting the Unfit.

The country owes it to itself as a matter of self-preservation that every imbecile of productive age should be held in such restraint that reproduction is out of the question. This having proved impracticable through institutional seclusion, because of expense and the interference of relatives, then sterilization is necessary. When the life of the State is threatened, extreme measures may and must be taken.—Hubert Work in *Am. Jour. Insanity*.

Cancer and Worry.

One often has occasion to observe the bad effects of mental worry in these patients. Time and again when I find a patient not so well, with more pain or weaker, I learn that there has been some home worry that has caused it—a husband or child ill, or not behaving well, or children uncared for, or the little home broken up, or the sudden cessation of accustomed correspondence. The influence of mind on matter is seen with quite special force and clearness in cases of advanced cancer.—Alfred Pearce Gould in the *Lancet*, London.

Prevention and Cure of Cancer.

Dr. Parker Syme in a recent paper in the *New York State Journal of Medicine*, says:

If it is true that 50 per cent. of cancers show a definite and easily recognized precancerous stage, and if it is true that there are 80,000 deaths from cancer in the United States annually, then the remedy of the precancerous state, and the prevention of cancer will save 40,000 of our citizens annually from this terrible scourge.

Building for County Medical Society.

At the meeting of the Luzerne County Medical Society in Wilkes-Barre, June 11, the executive committee was authorized to purchase a site for the erection of a permanent home for the organization. A site 54 by 75 feet at South Franklin Street has been selected and a two-story brick building will be erected on this site containing offices, assembly and reading rooms and a library.

Medicine in the Twentieth Century.

The nineteenth century worked for the individual. One by one each disease was investigated and the results applied to the relief of the individual patient. The twentieth century starts out with a broader conception of the function of medicine. It is working for the masses in the prevention of disease. Care of the public health has become the most important duty of the state.—Mayo in *Boston Med. and Surg. Jour.*

THE JOURNAL

OF THE

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to

WILLIAM J. CHANDLER, M. D., South Orange N. J.

PLEASE! PLEASE!!

Authors of papers read at the annual meeting will please return galley proofs sent for revision, *very promptly*, and will those who took part in discussions please return *very promptly* the stenographer's reports sent to them for approval or correction.

The issue of the Journal has been delayed several days this month because of failure to receive prompt returns and the changes thereby required in the insertion of papers.

The Index of Volume IX we send with this month's issue of the Journal. We have indexed all the Original Articles under the heading "Original Articles," as well as under their author's names.

We take pleasure in inserting a cut of our former president, Dr. Norton L. Wilson, in this month's Journal. The Publication Committee deemed it best to insert it in the issue that contained his annual address rather than at the beginning of his year of service as in previous years.

Any member failing to receive the Journal should notify Dr. Chandler, chairman of the Publication Committee. If annual dues have not been paid the treasurer of the County Society should be seen.

THE 147TH ANNUAL MEETING.

We expected to have a good annual meeting. We were not disappointed. It was even better than we anticipated. The weather, the place and the hotel were ideal, the attendance was considerably above the average and the ladies, as usual, added very much to the enjoyment of the social functions of the occasion. Dr. W. G. Schauffler, chairman of the Entertainment Committee—the New Monmouth Hotel management liberally co-operating — had abundantly provided for our comfort and gastronomic needs.

President N. L. Wilson ably presided, and the business sessions were conducted with promptness, good order and suitable despatch, and Secretary T. N. Gray proved himself a worthy successor of one of the best secretaries the society has had. To Dr. Alexander McAlister credit is mainly due for an excellent scientific program. The symposiums—on Pneumonia and Syphilis—were ably presented, as were the papers generally, and the discussions thereof, which we shall give to our readers as rapidly as they can be arranged for our Journal. We presume that some of the authors will be away on their vacations and that will occasion delay.

The only regret concerning the scientific program was the absence of Prof. M. H. Fischer, of Cincinnati, who was to have delivered the Oration in Medicine, but his severe illness which required a surgical operation a few days before our meeting made it impossible for him to be present. Fortunately, Prof. Alfred Stengel, of Philadelphia, on very short notice, kindly consented to fill the vacancy and did so to the entire satisfaction and delectation of the large audience that greeted him. The Oration in Surgery, by Prof. G. W. Crile, M. D., of Cleveland, Ohio, was a masterly scientific treat, which was fully enjoyed by the largest number in attendance at any session. We are much pleased to give it to our readers in this issue of our Journal, with the discussion which Dr. Crile requested, though it has not been customary heretofore to discuss the Oration. President Wilson's and Vice-President Chandler's addresses were also highly commended and they, too, appear in this month's Journal. Treasurer Archibald Mercer, who has long and most faithfully served the society, was properly made a member of the Board of Trustees by the adoption of an amendment to the By-Laws.

Dr. Harry A. Stout, as in former years,

faithfully looked after the registration lists and supplied badges to members and guests.

The banquet on Wednesday evening was most enjoyable. Its intelligent-looking body of well-dressed men; its beautiful and handsomely attired women; its delights in viands and greater delights in the speeches of our distinguished guests and orators made it an occasion that will not soon be forgotten. Governor Fielder's handsome tribute to our profession, President Jacobi's eloquent words concerning the family physician and the elevation of the profession and Prof. Walsh's oratory in describing the profession's past record and present attainments, were all instructive, practical, entertaining and uplifting. The moving-picture exhibition following and the dancing following that, were enjoyed till past midnight even by some of the older members.

The reports presented by the Standing and Special Committees, and the actions taken by the society thereon, we cannot now discuss or refer to, but they will be published in our August Journal. We will only say at present that there was a spirit of harmony and unanimity prevailing all the sessions and the actions taken showed that the members of the profession in our State are awake to a sense of their responsibility and are in a deliberate and scientifically progressive spirit seeking the advancement of the profession and the highest interests of the State and its citizens.

STATE PEDIATRIC SOCIETY.

This society held an excellent meeting in the New Monmouth Hotel, Spring Lake, in the afternoon and evening of June 9th—the day preceding the annual meeting of our State Medical Society. President Alexander McAlister, of Camden, presided and gave an able address at the evening meeting. The papers were as follows: "Children With Mental Defects," by Lightner Witmer, Ph. D.; "Tuberculosis in Children," by F. W. Pinneo, M. D.; "Chronic Vomiting in Infancy and Its Relation to Pyloric Stenosis and Pyloric Spasms," by Dr. J. Milton Miller; "Management of Children Between One and Two Years of Age," by Dr. R. D. Freeman; "Discussion on Renal Tumors in Childhood," by Dr. E. Marvel; "The Treatment of Summer Diarrhoea in Infants," by Dr. T. Le Boutillier; "Observations on Inoculation Therapy," by Dr. M. J. Synnott; "A System of Scoring the Viability of Infants," by Dr. H. L. Coit.

The papers that it was the Editor's privilege to listen to in the afternoon were able and practical, as were the discussions and we would commend the society for giving adequate time for the discussion of papers. The meeting of the Board of Trustees of our State Medical Society that evening prevented our attending the evening session, but we understand that the papers and discussions then presented were equally interesting and instructive.

When we consider the subject and realize the extent of the morbidity and mortality in infancy and early childhood, we can hardly overestimate the importance of the work this society is endeavoring to do and we express our conviction that its good work is worthy of and should receive far more recognition and publicity by a more general publication of its papers and discussions.

A. M. A. ANNUAL MEETING.

The 64th annual session of the American Medical Association was held in Minneapolis, Minn., June 17-19. It was not only very largely attended, but was also one of the best of the series for the excellence of the scientific programs of its fifteen sections and the unanimity which characterized its deliberations and decisions. We are glad that the recommendations of Dr. G. H. Simmons were adopted, making the members of the component county and the State Associations, members of the A. M. A. and the *contributing* members hereafter to be designated as *fellows* of the A. M. A.

We hope in our next issue to give a brief outline of the A. M. A. meeting, but we are pleased to note now that our Society had a goodly number—some 20 or 25—of its members present, some of whom participated in the exercises; that Dr. Philip Marvel is one of the trustees, and it is particularly gratifying to note also that New Jersey was again honored, in the election of Dr. Walt P. Conaway, of Atlantic City, as first vice-president of the A. M. A. It is not only a recognition of his worth but also of the untiring and efficient service he rendered the Association at Atlantic City last year.

We insert the following editorial which appeared June 28th in the A. M. A. Journal:

The sixty-fourth annual session of the American Medical Association has passed into history as a decided success. The efforts of the local

profession bore fruit in pleasant arrangements for entertainment of the visitors. The attendance was large, the states of Minnesota, Iowa, Wisconsin and the Dakotas being especially well represented. A summary of the registration by states and by sections will appear in The Journal next week, showing some interesting details. The section work this year was unusually excellent. The programs were good, containing many uncommon contributions of importance. In addition, the section attendance and interest was greater than for many years, partly because of the freedom from distraction on the university campus. The section meetings were isolated from the busy city and from social engagements. Furthermore, complimentary lunch was served on the grounds at noon on Tuesday, Wednesday and Thursday; thus the members were able quickly to return to their section meeting places, and the attendance materially profited from this fact. The social events at Minneapolis were an interesting series of well-planned functions. The ladies were well cared for, and had every attention shown them in that charming city. The House of Delegates was an earnest, active body, studying deeply the problems which came before it, and taking a number of rather important steps which deliberate study had shown to be wise. The Minneapolis and Minnesota physicians are to be congratulated on the large meeting which resulted from the call of the Northwest, and on the success which attended their efforts to entertain the American Medical Association.

STATE SANITARY ASSOCIATION.

The annual meeting of the Executive Council of the New Jersey Sanitary Association was held in the New Monmouth Hotel, at Spring Lake, June 28, 1913. The chairman, State Commissioner of Education C. N. Kendall, presided, and among those present were Drs. B. V. D. Hedges, president, and E. Guion, secretary of the association; G. K. Dickinson, D. C. English, T. N. Gray, I. H. Hance, A. C. Hunt, E. J. Marsh, W. G. Schauffler, president of the State Board of Education; W. H. Shippis, G. T. Tracy, Civil Engineers J. B. Duncklee, George P. Olcott and Clyde Potts; H. B. Willis, Middlesex County Superintendent of Schools, and H. B. Baldwin, chemist.

After an excellent dinner a splendid program was mapped out for the annual meeting of the association, which is to be held in Lakewood, December 5 and 6, and several eminent men were suggested to prepare papers on the timely subjects agreed upon. The details, including the selection of speakers and those chosen to open discussions, were left to a committee. We will give fuller notice of the annual meeting in October, but desire to express our belief that it will be one of the most interesting and practical meetings that the association

has held and one at which the members of the medical profession should be very largely represented.

STATE EPILEPTIC VILLAGE.

The editor had the privilege and pleasure of attending the joint meeting of the Hunterdon and Middlesex counties Medical Societies at the New Jersey State Village for Epileptics, at Skillman, last month. After a bountiful luncheon provided by Superintendent D. F. Weeks and the managers, the grounds and buildings were visited, the work was very fully set forth by the superintendent and every one was impressed by the thoroughness and efficiency of the management.

The village consists of over 1,000 acres of farm land in Somerset County. On this are located thirty-seven buildings, of various kinds, including a number of cottages in which the patients are housed. Each cottage has accommodations for sixty patients.

Practically all of the work about the institution, including the farm labor and the trades carried on, are performed by the inmates. From the farm is obtained all the vegetables and fruits needed at the village. Included in the industrial work are the weaving of carpets and linens, printing, carpentering and metal work.

During the past year a well equipped hospital building has been completed and put in use. This has accommodations for about thirty patients. Another cottage for epileptics has been added, in addition to a building for feeble-minded men.

Surely New Jersey is doing a splendid work at this institution which is worthy of increasing financial support. The development of the work and its success, we believe, is largely due to the men chosen as its superintendents—the late Dr. Henry M. Weeks and his son, the present superintendent. Men not only thoroughly qualified professionally to care for this large and increasing body of the State's wards, but also men of executive ability that could grasp and solve the multitude of problems presenting and care for the greater multitude of details which their solution required for the highest efficiency and success.

Mr. Secretary or Reporter—*Please* let the editor have a report of *every meeting* of your medical society this year.

Wanted—A CAP!!

We CAP-italize our former president's offer of immunity to an offender in the following letter:

My dear Dr. English:

Will you be kind enough to insert in the Journal the following:

PRESIDENT WILSON WILL ASK NO QUESTIONS OF THE PERSON WHO TOOK HIS CAP FROM THE ENTRANCE TO THE DINING ROOM AT THE STATE SOCIETY MEETING, IF HE WILL BE KIND ENOUGH TO RETURN IT TO HIM AT ELIZABETH.

Yours sincerely,

Norton L. Wilson.

The man who got that CAP had better CAP-itulate. We assure him that although it is the ornate and official CAP of our late CAP-tain, its possession by *another*, wrongfully, will never make *him* CAP-tain.

ORATION IN MEDICINE

Letter from Prof. Fischer.

Cincinnati, Ohio, June 17, 1913.

Dear Dr. McAlister:

I am only to-day able to acknowledge in person your letter and the program of your Annual Medical Meeting where you so generously invited me to give the oration in medicine. As you know I was taken with an acute appendicitis attack on the day on which I was starting for New York to be with you. I had to be operated on and am now convalescent.

It must always remain a source of great regret to me that I was unable to be with you at a meeting to which I had anticipated going with such great pleasure. May I express through you to your society my regret at being unable to keep my word with you?

With kindest personal regards,

Very sincerely yours,

Martin H. Fischer.

Dr. Alexander McAlister, Camden, N. J.

Report on So-Called Tuberculosis Cures.

The United States Senate on June 6 unanimously adopted the following resolution which was introduced by Senator Bristow of Kansas: "Resolved, That the Secretary of the Treasury be and he is hereby directed, if not incompatible with the public interest, to transmit to the Senate such reports as have been made by officers of the United States Bureau of the Public Health and such documentary information as he may have upon the so-called tuberculosis cures."

Summer Clinic—Nervous and Mental Diseases.

The staff of the New Jersey State Hospital, Trenton, has arranged the following schedule of subjects for the course of clinical lectures at the hospital from July 7th to 31st, exclusive:

Dr. Cotton—Mondays, 4-5:30 p. m., July 7th, 14th, 21st, 28th: Organic Brain Disease; Alcoholic Insanity; Demonstration of Patients; Pathological Anatomy.

Dr. Farrar—Tuesdays, 4-5:30 p. m., July 8th, 15th, 22d, 29th: Functional Psychoses; Psycho-Neurosis; Demonstration of Patients.

Dr. Katzen-Elleben—Thursdays, 4-5:30 p. m., July 10th, 17th, 24th, 31st: Defectives and Epileptics; Alcoholics; Border Line Cases.

Friday evenings, 8-10 p. m., Seminar—Selected Topics. General Discussion.

This course is designed to meet the needs of the practitioners for a practical knowledge of nervous and mental diseases. The large amount of clinical and pathological material of the hospital will be available for the purpose of demonstration and study. The growing importance of the problem of mental diseases, their medical, social, economical relations make it necessary for the general practitioner to become better acquainted with this subject, which, unfortunately, is inadequately taught in the medical schools.

All desiring to take part in this course, please notify Dr. Henry A. Cotton, Medical Director, New Jersey State Hospital, Trenton, N. J.

There will be no charge for the course.

International Medical Congress.

On June 21 the number of Americans registered as delegates to the International Medical Congress in London, from August 6 to 13, had reached 840, and it was expected that the attendance of physicians from this country would be at least 900.

Drs. Henry L. Coit, Gordon K. Dickinson and George E. McLaughlin, will represent the Medical Society of New Jersey, having been appointed delegates at our last annual meeting.

SUMMER CARE OF SICK BABIES.

Thousands of babies under one year of age die every year from diarrhoeal diseases. Most of them die because they were given improper food. Many could have been saved if they had been taken to the doctor at the beginning of their illness, or had been properly fed.

In hot weather, two or three loose movements a day, even though the baby seems to be well, may indicate the beginning of serious illness; a doctor should see the baby at once. Remember it is far easier to keep the baby well than to cure it when sick.

The baby is sick when it vomits or has diarrhoea, and it is seriously sick when it has several loose green passages a day containing mucus and curds. Improper food may be the cause of such illness; therefore stop all food, give cool boiled water and take the baby to a doctor at once. In summer it is dangerous to wait.

Breast-fed babies often vomit or have diarrhoea because the mother is sick or tired out and her milk is poor.

Causes which weaken the mother and injure her milk: Improper food; irregular meals; lack

of rest and sleep; too frequent or too prolonged nursing. These causes act especially in hot weather.

Nursing mothers should therefore keep themselves well and their milk in good condition, by eating at regular hours, three plain, well-cooked meals a day, and they should drink water between meals. They should nurse the baby at regular hours. They should keep their bowels regular; constipation in a nursing mother often causes colic in her baby. Large quantities of tea, coffee and beer do not improve the quality of mother's milk and may be injurious to her baby. If the mother keeps well it helps to keep the baby well.

If the mother is ill or "run down" or the baby has diarrhoea and vomiting, she should consult a doctor at once and before giving the baby other foods or bottle-feeding. The quality of the mother's milk may be improved by improving her health.

Bottle-fed babies often have diarrhoea and vomiting because the milk used is bad and old, or the feedings are not properly prepared or properly kept, or the nursing-bottle and nipples are dirty.

Bottle-fed babies must be given only good milk which is kept constantly covered and on ice. Use milk furnished by the milk depots or diet kitchens; if the milk stations are not convenient, get good bottled milk which is delivered every morning. If the milk cannot be kept properly cooled, it should be boiled as soon as received.

Prepare the feedings for the baby exactly as the doctor directs. Feed the baby at regular hours. Each feeding should be heated to a proper temperature in the nursing-bottle before it is given to the baby. Taste a spoonful of the milk immediately before giving it to the baby to be sure that it has not soured. If the milk is not sweet, do not give it to the baby.

As soon as the bottle used by the baby is empty, it should be thoroughly washed with cold water, then cleansed with borax and hot water (teaspoonful of borax to a pint of water). The empty bottles should be put upside down on a shelf. The bottles should be boiled just before filling for the next feeding. The nipple should be thoroughly washed after each nursing with hot water, and when not in use should soak in borax water in a covered glass; the nipple must be rinsed in boiling water just before the baby uses it.

Clothing—During the very hot days, or if the baby has fever, remove nearly all the clothing. A muslin slip or gauze shirt is enough. A baby with fever will not catch cold.

Bathing—A baby should have one tub bath every day; on very warm days from two to four general spongings with cool water. If the baby has fever sponge it with cool water every two or three hours and place cool, wet cloths on its head.

Fresh Air—Babies, sick or well, must have fresh air. Keep the baby in the largest, coolest room in the house or apartment. Keep as little fire as possible. Keep the rooms free from garbage, soiled clothes and rubbish. Leave the windows open day and night. Avoid the sun on hot days, select the shady side of the street and the shade of the parks, recreation piers and roofs.

Sleep and Quiet—Keep the baby quiet. Let it sleep alone and let it sleep as much as possible. Lay it on a firm bed, not on feather pillows. Keep the baby and bedclothes clean. Change the diaper and bedclothes as soon as soiled, and sponge the baby with a soft cloth and cool water. If this is done the baby will not be so restless and will sleep better. Do not give "soothing syrup" to make the baby quiet, and do not let the baby hang on the nipple or suck a "baby comforter."

Diapers—Diapers should be carefully washed as soon as they become soiled, and then dried in the open air. Do not use a soiled diaper a second time before washing it.

If the baby is sick and you cannot afford to pay a physician, notify the Department of Health.

Water—Babies suffer for water many times when they are thought to be crying from hunger. Give them plenty of clean, cool water. If it comes from a suspected source, boil it before using.—Bulletin of Kentucky State Board of Health.

DELETERIOUS ACTION OF TOBACCO ON THE ARTERIES.

Extracts from a paper by Dr. Daniel Lichty, of Rockford, in the Illinois Med. Jour. on "Arteriosclerosis Not a Disease of Old Age Alone":

The earliest observation of arteriosclerosis brought about by toxic action of organic compounds, and one which establishes beyond doubt the deleterious action of tobacco on the arteries, is that of Isaac Adler, demonstrating sclerosis in the smaller peripheral arteries of rabbits as a result of feeding them with infusions of tobacco. Boveri confirmed these results by giving infusion of tobacco by stomach-tube, and obtained atheromatous plaques or thickening at the base of the aorta in ten out of sixteen rabbits, while Baylac obtained sclerosis in each of eight rabbits into which tobacco infusion was injected either intravenously or subcutaneously. Jebrowsky and later W. E. Lee have produced it in rabbits made to inhale tobacco smoke. From Baylac's experiments, it would appear that in general the liability to occurrence bears some relation to the channel by which tobacco enters the body. This may explain the very marked action of tobacco, inhaled and entering the heart directly from the pulmonary circulation in smokers, as compared with the somewhat milder effects of chewing tobacco, under which condition the nicotin passed through and is perhaps somewhat attenuated in the liver before entering the systemic circulation, and has still to pass through the venae cavae, right heart and pulmonary circulation before reaching the coronary circulation. In smoking, however, the nicotin enters through the lungs and strikes its first blow at the coronary arteries and base of the aorta, where the elastic fibers are under the greatest tension, and hence most liable to degeneration. It is, therefore, easy to understand why smoking of heavy cigars should be one of the most potent factors in the etiology of arteriosclerosis and coronary sclerosis.

Devoto's assistants, Josue, Forlanini and others, show that tobacco causes a hypertension resulting in vessel changes closely related to arteriosclerosis. Gouget, of Paris, as quoted

in the New York Medical Journal, 1906, conducted experiments on rabbits by introducing into their stomachs 10 to 75 c.c. infusion of tobacco; the stomachs of the rabbits bore the infusion well; the histologic lesions consisted of serious degenerations of the walls of the circulatory system, arteriosclerosis. Emil Hess, of Berlin, in an investigation of twenty-five cases of the influence of tobacco on the circulation, found it is stimulating; it increases blood-pressure; he further declares that tobacco should be forbidden in all cases where we wish to spare the heart. Dr. Frankel-Hochwart, of Berlin, Germany, in an article in *Deutsche Medizinische Wochenschrift*, of Dec. 14, 1911, on Nervous Diseases, says, "That nicotine poisoning affords a predisposition to arteritis." He discusses further the action of nicotine on heart and respiration and concludes his article by emphasizing the fact learned from his experience that the localization of the toxic action of nicotine is very much like that of syphilis. The influences of syphilis and alcohol in producing arteriosclerosis are so numerous and graphic that when nicotine is placed in the same class as causative factors by so eminent an observer and diagnostician it is not difficult to accept his conclusions. These enumerations could be continued ad infinitum—and the user will say ad nauseam. Yet every writer on the treatment of arteriosclerosis recommends the exclusion of tobacco as the first thing; the more recent writers being much more emphatic in this than the older ones; if it is not a factor in causing arteriosclerosis, why its early denial in treatment?

University and college physical directors have long ago shown by their anthropologic measurements and ergographic tests and critical observations that tobacco users do not equal the non-users in either athletics or studies; even their physical development is retarded as shown by comparison of their growth in weight and stature. Are not doctors derelict in not presenting the truths of tobacco use to the youth of their patrons and of the community? It becomes humiliating to a learned profession when educational, industrial and commercial bodies observe this before doctors. The trend of thought and truth on this subject is in the scientific literature, reports of experimental laboratories, not in the Lucy Gaston literature, nor of the tobacco trust's advertisements. There is a progressivism in ethics and study pertaining to the injurious use of tobacco among scientists and physicians as surely as there is in politics; it is better not to be a "stand-patter."

The report of the commission appointed by the Academy of Medicine in Paris, on anti-typhoid vaccination, in their summary, report that those most benefited by the anti-typhoid vaccination are the female nurses in military and civil hospitals, who never used tobacco, and young persons of both sexes who came from salubrious regions in the country and had not acquired the habit of tobacco using. The Medical Department of the United States Army and Navy has under advisement the classification of its soldiers and sailors as to their use of tobacco and the influence of the anti-typhoid vaccination on users and non-users and its beneficence in the two classes.

MINISTERIAL ASS'N WOULD SAFE-GUARD MARRIAGE BY LAW.

Dr. T. W. Harvey presents a Paper on "Eugenic Marriages."

A meeting of the Ministerial Association of the Oranges was held in Grace Church parish house, Orange, June 18th. At the invitation of the association the medical society of the Oranges was represented.

While no definite stand requiring medical certificates from those contemplating matrimony was taken by the Association, it was announced that the clergymen favored action by the State. It was the view that the first step would have to be taken by the clergy and the medical profession indirectly as citizens. This step, it was said, was to influence the Legislature to enact such laws that would increase the list of reportable diseases under the administration of the State and local boards of health. It was held that the list should include such diseases not now reported as are the consequence of sexual disorder and excesses.

"That these diseases are the most serious menace of all infectious diseases is an undisputed fact," the association declared, "and it is imperative that they should be made mandatorily reportable with heavy fines for non-report."

A paper on "Eugenic Marriages" was read by Dr. Thomas W. Harvey, of Orange. It was in part as follows:

"The object of prenuptial certificates would be, first, to protect the individual from contagious disease; second, to protect coming generations from inherited tendencies to disease and degeneracy.

"To be of eugenic value the requirement of prenuptial medical certificates should be controlled by the State enactments, which should be uniform in the different States. Since they would be restrictions of personal liberty, they should be reasonable in a certain sense in order to be constitutional.

"These certificates should be measured by certain well understood standards; the possession of such a certificate should be evidence that the holder is free from objectionable infectious diseases; it should be issued by an authority that is above suspicion as to technical training and as to trustworthiness, a public bureau of experts or a surety company. The ordinary practitioner would not, as a rule, be absolutely reliable because of his ignorance of the proper technique and because of the personal factor, which introduces the inviolability of the professional secret as a complication. At present the marriage laws of the different States are conflicting and inadequate.

"Every man or woman has a right to know that marriage will not be a menace to his or her health or to their children. Such knowledge may only be obtained by a special medical examination, quite different from the ordinary life insurance examination or the good health and sound constitution examination required for admission to the public service. Such examination should be made by a disinterested and incorruptible public commission or by a surety company carrying with it an insurance provision. To be of any eugenic value such examination should be a State regulation and should cover all forms of degenerate diseases, mental and physical.

"It is important to consider in this connection the effect of putting restraints on matrimony in causing celibacy and illegitimacy. It is also well to remember in applying ideally perfect eugenic legislation that many of the world's most brilliant mentalities have sprung from lowly stock and have been associated with inherited physical disease, clearly the outcome of family degeneracy.

"If the Ministerial Association concludes to require prenuptial certificates of health, it should be clearly and properly understood for just how much such certificates stand and the reliability of medical examination must be beyond question.

Probably the most benefit that we can expect from the present agitation is teaching the parent and guardian the certainty of the tragedy that follows the marriage of those who have any trace of venereal disease, and the safeguarding of some of our young women and their children from the disease sure to follow such marriages. As a consequence, we may hope that there may follow some improvement in the morals of our communities."

Editorials from Medical Journals

The Social Value of Medicine.

From the Interstate Medical Journal,
St. Louis.

The sociological value of the science and art of medicine are both receiving much attention of late and it is good augury for the future. Laymen do not seem to realize what profound changes in civilization have resulted from scientific medical discoveries since the middle of the nineteenth century. The practical application of these discoveries has made it possible for swarms of people to live in health and comfort where formerly death was the penalty of invasion. Modern cities would melt away in six months were we suddenly to deprive them of modern sanitation. Indeed, the whole framework of modern life is built up of sanitation, and it is now also recognized that in the case of the sick the profession has a duty which is semi-public, even if it is primarily a personal service to the patient, for we are constantly preserving lives society can ill spare. Professor C. R. Bardeen made this social value of medicine the subject of his commencement address at Rush College, and it is to be hoped that sociologists and economists the world over will take up the crusade started by Prof. Fisher and his colleagues of Yale University for the conservation of life and health—the best of our national resources. There have been mistakes made in this movement and there will be more, for nothing human is perfect, but minor errors should not permit us to be lukewarm towards a great movement for the betterment of society on medical lines. Farmers often know more about raising pigs than babies, and we spend immense sums to teach them how to feed their hogs, but not a word as to how to feed their boys. This public callousness as to human life is slowly melting; and we find that public opinion is now tolerating some invaluable food investigations by governmental scientists, and we expect to see a time when it will demand them. But that time will not come unless we have many more such ad-

resses as Bardeen's—and delivered to laymen. They are the ones who make public opinion, and they should demand to have all diseases cleared up by organized effort instead of the haphazard work of self-sacrificing private investigators. This is not paternalism—the betennoire of so many who fear oppression and even complete loss of personal liberty is worth living. What we most want—health—is the least considered by governmental agencies. Let us make a beginning of a change. The increasing demand for a governmental department devoted to all public health matters should soon be strong enough to show results, but there will be no action taken until the voters are overwhelmingly in its favor. It is the time for talk.

What is Practical to a Physician.

From the Wisconsin Medical Journal

It has come to our attention rather forcibly recently that many doctors are crying out to some medical journals "Give us practical stuff; material that we use daily" and it has bothered this member of this particular journal to know just what is meant. This criticism has been aimed at the Journal of the A. M. A., at the Wisconsin Medical Journal, and other State journals. The writer can see that special journals would not give the practitioner much that was immediately practical. However, much knowledge that to-day seems theoretical, tomorrow may be used very practically and to great advantage, but it requires some mental effort on the part of the reader to make use of such knowledge. Those who wish their knowledge handed down to them in the form of pap and liquids rarely get beyond the infantile stage in the practice of medicine and are apt to form a large portion of those who jeer at scientific work. On the contrary those who nourish their mental processes on beefsteak and corn soon become able to digest raisin pie and plum pudding. Of course we as the editorial staff could fill the journal up with such maxims as, "When a blood vessel is cut, stop the flow of blood by tying a necktie around the limb toward the heart;" or "Whenever you see a yellow, thick fluid exuding from an angry looking surface you must think of pus;" "Blood in the stools mean that some vessel along the gastro-intestinal tract has ruptured;" etc., but we do not see much practical value in that sort of tablet information.

We are just foolish enough to believe the doctor of medicine is an educated man; if he is not, then let him see to it that he works to be one, and we do not believe that any doctor was ever made a better doctor by stocking his cranium full of isolated facts. We ourselves read much that we can not at once comprehend but we feel that by the exercise of endeavoring to understand we are that much ahead and soon will be able to grasp something worth while out of our studies. In all sincerity we urge our fellow-practitioners to try the same method and we can confidently predict that the amount of practical value obtained will be surprising because unexpected. It must be borne in mind by the readers of this journal that the editors seek to please everyone. We therefore invite comment and criticisms but we ask that these be specific

in their terms so that we may be able to trim our sails to the prevailing winds.

An earache is always important and should never be disregarded as a trivial thing to be handled with oils, poultices and various lotions, whether they are prescribed by members of the family, or as it is often the case, by the doctor, himself. Too often, when the physician's attention is called to an earache, he tells the mother what to do, but fails to examine the ear. The reason for this is that relatively few practitioners know what they see when they look into an ear.

Pennsylvania State Department of Health.

From the Penn. Medical Journal.

On another page will be found an editorial taken from the "Pittsburgh Gazette Times," having for its subject the results accomplished by the State Department of Health under the jurisdiction of Dr. Samuel G. Dixon, commissioner of health. It is so rare that the lay press appreciates what the medical profession and the State health authorities are doing in their efforts to subjugate disease, and so improve the general hygienic and sanitary conditions as to materially lengthen the average span of human life, that we cannot allow this opportunity to pass without expressing the gratification which it creates. Every citizen of this commonwealth should be proud of the position which it occupies among the States with regard to its sanitary supervision and recording of its vital statistics. The free distribution of curative sera to the indigent, the sanitary inspection of the school houses and the medical inspection of the pupils, together with the medical care and educational advantages offered to those afflicted with tuberculosis, through the many State dispensaries and sanatoriums, are strong features of the Department of Health, that unquestionably make for health and longevity. As to the Department of Vital Statistics its efficiency is amply shown, as is indicated in the above named editorial, by the approval which its work has received from the national authorities at Washington.

A Council on Patent Medicines.

From the A. M. A. Journal, May 17th.

The better class of drug journals, in common with the better class of the pharmacists themselves, have long recognized the anomalous position in which the modern druggist stands. On the one hand, the druggist urges physicians to return to rational prescribing and to eschew proprietary products; on the other hand, the druggist himself stands before the medical profession as a dispenser of "patent medicines"—proprietary remedies of the most unscientific and frequently fraudulent type. In commenting on this unfortunate state of affairs, the Journal of the American Pharmaceutical Association in its April issue says that the druggist's position has been pressed on him by force of circumstances "in which patent medicines represent his business necessities while the propaganda for rational prescribing represents his aspirations for better things and his strivings for a more professional, as well as a more profitable business." Recognizing that something must be done if pharma-

cists wish to retain the confidence both of the physician and of the public, and to keep their professional standing, the Journal recommends that the American Pharmaceutical Association appoint a council that shall stand in the same relation to "patent medicines" that the Council on Pharmacy and Chemistry of the American Medical Association stands in the relation to proprietary medicines. As the drug journal puts it, the work of the council whose creation it suggests should be "to determine first of all whether there is or can be such a thing as a legitimate proprietary medicine ('patent medicine') which a druggist can conscientiously recommend and sell to the general public, and whether on the whole the public is benefited or injured by the use of such readymade medicines." If the council decides that there are "patent medicines" which the druggist may recommend and whose sale will benefit the public, its next work would be "to determine whether it is possible to draw a distinct line of demarcation between legitimate and illegitimate remedies. * * *". The growing distrust in the whole "patent medicine" business is such that it behooves our sister profession to rid itself of the stigma which the worthless, and in many cases dangerous, preparations is bringing on an honorable profession. A council such as the editor of the Journal of the American Pharmaceutical Association recommends might do much toward this end. If it is brought into existence and does its work thoroughly and honestly, we can with a certain degree of accuracy prophesy what will happen: Some of the most vicious "patent medicines" will be driven off the market. Other less vicious but worthless will have their sales greatly curtailed. As a corollary of this, the American Pharmaceutical Association may expect organized opposition in the form, possibly, of a League for Pharmaceutical Freedom. The Journal of the American Pharmaceutical Association will be vilified by many, if not most, of the privately owned drug journals. And last, but not least, the editor of the Journal will become the center of an attack in which all the resources of blackguardism and billingsgate will be brought to bear in an attempt to besmirch and blacken his reputation. But the fight will be well worth while.

Preventive Surgery.

From the South Carolina Medical Journal.

When we think what the advances in medical knowledge have accomplished in the way of preventive medicine, it is not surprising that we look upon it with wonder. The mere mention of the diseases, malaria, yellow fever, tuberculosis, typhoid fever, plague, hookworm, suggests the means that have been used not only in their cure but also in their prevention. The term Preventive Medicine taken in its broadest sense should include whatever means is used to maintain health, but it has been associated so intimately with sanitary science and internal medicine that we do not think of the other branches of medicine when prevention is mentioned.

Yet may this not also be an aim of surgery? To most, surgery suggests operative procedure, undertaken to snatch the patient from an inevitable death, and the mistaken idea that

surgery is a dernier ressort is difficult to eradicate from the mind of the layman, as well as of many physicians. But even history gives instances of preventive surgery. The rite of circumcision, a surgical operation identified with Jewish history, has kept this race more nearly free from venereal contagion than anything else, and in spite of the fact that continuance is not characteristic of them. At the present time also, the effect of adherent and redundant prepuce on the nervous state of children is familiar knowledge. The baneful effects of adenoids and hypertrophied tonsils are a source of latent infection which may keep the body far below its normal state. The radical removal of these is certainly preventive surgery.

In the correction of deformity, either congenital or acquired: cleft palate, club foot, rachitic legs, tendon transplantation to replace muscles thrown out of function by infantile paralysis, treatment of tubercular and other inflammatory diseases of the bones and joints, all these are in the realm of prevention. The field of so-called, "chronic surgery" shows the preventive effect of surgery. Results of child bearing in women often cause many symptoms owing to relaxation of the pelvic floor, and lacerations of the cervix, correction of which means preventing a dragged-out existence with nervous symptoms often accompanied by relaxation of abdominal viscera, and weakness of the trunk muscles. Again when the abdomen is opened for the treatment of some other condition, provided the patient is not jeopardized, removal of the appendix, at the same time is a conservative procedure; for the only condition making appendicitis impossible is absence of the appendix. The removal of fibroids of the uterus before they attain large size and undergo degenerative changes affecting the tone of the heart muscles is a preventive course.

While numerous other applications of prevention in surgery can be adduced, by far the largest field of its usefulness is in preventing cancer invasion. This dread disease exacts a larger toll from human life than any other pathological condition; and all the efforts toward its prevention have been fruitless except by removal of the focus before it has begun to spread. Cancer of the breast begins oftenest as a small lump and is frequently noticed to increase under the very eyes of the patient before the physician sees it. Then he may wait until he is positive of its nature—until it is too late. If its removal had been demanded as soon as noticed, and the tumor examined under the microscope, its character determined, and if malignant radical operation performed, the patient could have been spared. Cancer of the stomach has the highest mortality of all forms of cancer; and in from 50% to 70% of the cases, its origin has been demonstrated in ulcer, a benign affection. In the uterus, too, its occurrence is frequent, and many times it manifests itself by a slight bloody discharge, which few women regard as important. When the persistence of the discharge finally demands investigation, then the advance growth may be found, and a late operation, made necessary, can offer only a limited chance of recovery. Had the patient consulted a physician as soon as the discharge was noticed

the condition would have been found—provided the physician made a thorough examination—in its operable stage, and the patient spared the inevitable consequences of malignant involvement with fatal result.

In the last issue of the *Ladies Home Journal* is an article on Cancer by Samuel Hopkins Adams. His statements are clear and forceful, and should be read carefully by everyone. The quotation of Dr. Mayo, Delayed Surgery, is most convincing.

Correction of deformity, relief of pain, saving of life are the indications for surgery. Preventive surgical measures certainly have a place here; and if taken advantage of early enough could increase the saving of life to a remarkable extent. Not conservatism but conservation.

The Lethal Dose of Corrosive Sublime.

From the *Therapeutic Gazette*.

Almost always when a physician is called to testify in a court of law in a case of poisoning he is asked by one of the attorneys, or the judge, "What is the lethal or fatal dose of the poison under consideration?" and not infrequently the legal mind finds it difficult to undersar! why the physician can not name a definite or fixed amount of a well-known toxic agent.

There are, of course, many reasons for this aside from the difference in susceptibility of the individual. Much depends upon the rapidity with which the absorption of the drug has taken place, and this in turn depends upon the activity of the circulation, the competency of the stomach to perform its functions, and whether the poison is diluted by considerable quantities of food and drink. For this reason all those who are acquainted with toxicological literature know that the lethal dose of death-dealing drugs must vary in each individual case, in some instances an amount scarcely larger than that sometimes employed for medicinal purposes acting as a poison, and in other instances very large doses being taken without the production of very dangerous symptoms.

An illustration of this is afforded by a report made to the *British Medical Journal* of January 18, 1913, by Fuller, who records the case of a man eighty-five years of age, who swallowed by mistake 8¾ grains of bichloride of mercury. The patient at once recognized his error and drank a tumblerful of barley water. Seen by his physician half an hour later he was given white of egg, and when he retched he brought up blue-stained mucus from the indigo in the bichloride tablet. The stomach tube was then passed and the stomach washed out with large quantities of albumen-water and milk and water. There was an urgent desire for the bowels to move, but very little more than mucus was passed. The patient became extremely collapsed, was cold and pallid, and the pulse was almost imperceptible. Strychnine was given hypodermically and milk and brandy by the mouth. The next morning he was somewhat better, but was still in a very critical condition, and for several days the bowels continued to be very irritable, but his general condition improved. We are told that after a slow convalescence he quite recovered

from the effect of the poison. Fuller points out while other cases have been recorded in which recovery has followed an even larger dose, nevertheless an instance is reported in the *British Medical Journal* for 1905, Volume 1, in which a dose of $2\frac{1}{2}$ grains was swallowed and death ensued in three weeks from the diarrhea which was induced. The fact that recovery took place in a man of eighty-five years is also of interest.

Editorials from the Lay Press.

Hospitals for Country Folk.

From the *World's Work*, July 1913.

Dr. E. E. Munger, of Spencer, Ia., has for several years advocated the establishment of county hospitals that should serve especially the rural population of the State. Dr. Munger was one of the men who were of great help to President Roosevelt's Country Life Commission, and the report of that commission greatly aided him in carrying out the purposes he had in mind in his hospital plan, by enlisting national sympathy for the improvement of rural life. His plan was that the state should pass a law to permit counties to bond themselves for the erection of hospitals in the farming districts.

Dr. Munger conducted a dignified but striking campaign of education to bring about the passage of such a law. He pointed out in the newspapers that whereas Des Moines had one hospital bed for every 275 inhabitants, thirty-seven counties in Iowa, containing more than half a million inhabitants, had no hospital advantages of any kind. That two million people of rural Iowa had access to only 799 hospital beds, or an average of one bed to every 3,000 people. He showed also that the average yearly death rate from the diseases and accidents incident to childbirth amounted to nearly one per cent. of the female population of the State; and that these diseases and accidents are especially frequent in the country, away from proper medical attention, and that they are largely preventable and curable under hospital care.

Dr. Munger wrote his rural hospital plan into a bill which the legislature of Iowa enacted into law. The first county to take advantage of this new law was Washington County. The people voted \$30,000 worth of bonds, a public spirited citizen bought eleven acres of land and donated it for a site, and the board of trustees, after visiting most of the hospitals in the upper Mississippi Valley and after consulting more than a hundred hospital workers, agreed on plans. The building was completed and opened to the public last July. It is fireproof and is equipped with every convenience for surgical, infectious and maternity cases.

Kansas and Indiana have recently passed laws based upon the laws of Iowa, and legislators of other states are studying the plan with an interest that will probably soon show results. In Iowa itself, Jefferson County also has under construction a county hospital under this Act. Dr. Munger's vision and enthusiasm have created a new and helpful agency for the betterment of life on the land.

Eugenics and Ministerial Discretion.

From the *N. Y. Tribune*, June 30.

The voluntary action of a number of clergymen in this city and elsewhere in refusing to marry couples without some reasonable assurance of their physical and mental fitness for the married state should have one highly valuable result quite apart from the direct one of discouraging unfit marriages. It should, of course, have the latter result, particularly if their example is generally followed by ministers of the various churches, as it seems likely to be.

But it should also have the result of setting the ministers themselves to thinking upon the seriousness of marriage and upon their own responsibility for the unions which they celebrate. The notion has appeared to prevail among many of them that they have no discretion in the matter, but are under some sort of compulsion to perform the wedding rites for all comers. Surely that is not the case. A civil magistrate may be under that obligation, in the case of all who have complied with the legal requirements, but not the clergyman. He may marry them or not, according to his discretion, and if he has intelligence enough to understand the words of the marriage service he ought to be able to understand the desirability of exercising much discretion. Of course, the marrying of unfit persons is not excused in the least by the pretense that it was performed "to keep them from sin" or because if one minister would not marry them somebody else would. Not on such shallow ground is duty determined.

It will not be an easy task to supply eugenic principles to all proposed marriages, and the doing of it will no doubt give rise to other perplexing problems. But that is no reason for not undertaking it to what ever extent is practicable.

Cancer of the Stomach.

From the *State Gazette*, Trenton.

The statement of Dr. William J. Mayo, of Minnesota, that cancer of the stomach can be cured by surgery, is entitled to far different treatment than the frequency recurring announcements of the discovery of "cancer cures" by men previously unknown to fame, says the *Harrisburg* (Pa.) *Patriot*.

Dr. Mayo is one of the most eminent and successful abdominal surgeons in the world. As an evidence of the esteem in which he is held by distinguished members of his own profession, the fact may be recalled that six or eight years ago Dr. J. William White, then professor of surgery in the University of Pennsylvania, journeyed out to Rochester, Minnesota, to be operated on for the removal of an internal tumor, by Dr. Mayo. Dr. White had then left his youthful days so far behind that his abundant hair was white as snow, but the operation was successfully performed, and the subject is alive and well to-day.

This is only one of the many successes that entitle whatever Dr. Mayo says about surgery to respectful consideration. His statement that cancer of the stomach can be cured by surgery was made in a carefully prepared paper read before the section on abdominal surgery of the

American Medical Association at St. Paul on Wednesday. He illustrated his lecture with stereopticon views and a statistical review* of one thousand cases of cancer operated on.

The principal trouble in the past, Dr. Mayo said, has been an incorrect diagnosis, as a result of which the disease has been allowed to advance to the critical stage, before it received surgical attention.

Nevertheless, he advised caution after the disease has been diagnosed as cancer. Operation should first take the form of exploration. Then if conditions are found favorable, the operation should proceed.

Dr. Mayo disagrees with the general belief among surgeons that where the pancreas is involved the case is necessarily hopeless. He said he had performed a number of successful operations where the pancreas was affected.

Surgery seems to be ahead of medicine in the solution of the problem of a cure for cancer. Perhaps medicine will find the cause and a cure later on. Let us hope so. If not, the failure will not be for want of means, which have been liberally supplied from private sources.

Fee-Splitting and Medical Ethics.

From the Bayonne Evening Times.

At the Minneapolis conference of the American Medical Association the delegates have been called upon once more to deal with the issue of "fee-splitting" or of giving and receiving commissions. It appears from reports submitted to the conference that the practice has become common in every State, and that home hospitals openly announce that they give commissions.

It is strange the profession has found so much difficulty in dealing with this form of graft, for such it really is. Even the Stock Exchange does not tolerate split commissions. For generations past, medical men have found a standard of professional ethics commanding the respect of the world. No other profession has surpassed it in excellence of code or in conformity to it. But commercialism has evidently gone far to corrupt good manners.

The report submitted to the conference in no wise exaggerates the evil in saying: "If through secret fee-splitting and commissions the standards of the medical profession are to be changed from giving to patients the best service possible, to squeezing from them the best obtainable fees, then will the profession be deemed to have been weighed in the balance and found wanting."

Mosquito-Ridden New Jersey.

From the Newark Evening Star.

The nation wide reproach upon New Jersey as mosquito-infested, which does incalculable damage to the State's material interests, was voiced yesterday at the hearing by the Senate committee at Charlestown, W. Va., in the investigation of the miner's strike. In response to a remark by New Jersey's erratic senior Senator as to sanitation in the mining regions the counsel for the mining companies said: "This State knows how to take care of her own people and, anyhow, West Virginia does not have to go to the mosquito-laden swamps of New Jersey to learn lessons in sanitation." And

the sting of its charge is its truth. New Jersey has been slow indeed in learning the lesson of mosquito extermination, and it was evident in the Legislature last winter that there was a disposition to unlearn what little has been learned. The blight of the mosquito rests upon every section of the State, whether it is pest-infected or not, and every community in New Jersey is penalized by it. In beautiful suburban places where property ought to be in eager demand it is difficult to sell residential property and not easy to lease it. In one of the finest suburbs near Newark, an ideal place for a New York family to live during the summer, desirable furnished dwellings cannot be rented by their tenants in the summer by reason of the dread of the mosquito. The assurances of real estate agents are not accepted. This alone represents a very serious annual loss to many families who go to the seashore in the summer and would like to temporarily let their houses to help pay expenses. But in a more general way the whole State suffers. There are many instances of large industrial plants being repelled from the State by the existence of the mosquito pest. The rural sections feel the blight, for people who want country life in the summer go to farms and resorts in other States and as a rule avoid New Jersey. Penny-wise representatives of the rural counties in the Legislature have been unable to comprehend the importance to their sections of a Statewide extermination policy. They cannot understand what bearing it can have on land values. And these benighted legislators have been and are the main obstacles to a policy which, if carried out in a thorough way, would be the greatest boon ever conferred upon the people of the State.

Therapeutic Notes.

Angina Pectoris.

Patients liable to anginal attacks should be directed to carry the following about with them and to sip it slowly as they notice the symptoms of an oncoming attack:

℞ Spt. ammon. aromat., f5j.
Sodii bicarbonatis, gr. x.
Tinct. cardamomi comp., f3j.
Spt. chloroform, mxx.
Spt. glycerylis nitratis, mj.
Aque, q. s. ad f5iss.

—Practitioner.

Boils.

Frequently boils may be aborted by rubbing on the following ointment and then strapping with adhesive plaster:

℞ Ichthyolis,
Ung. hydrargyri,
Ext. belladonnae fol., of each, 5ij.

—St. Louis Med. Review.

Erythema.

℞ Phonalis, m xv.
Acidi borici, 5ss.
Glycerini, 5ij.
Aque, q. s. ad 3iij.

M. Sig.: Use as a local application—Merck's Archives.

Hemoptesis—Use of Pituitar Extractin.

M. E. Rist reported at the Societe Medecale des Hopitaux that he had obtained excellent results in the treatment of hemoptysis by means of the intravenous injection of pituitary extract. One-half cubic centimeter of the extract, representing one decigram of the fresh substance, is the dose injected by the author into a vein at the bend of the elbow. The hemostatic action is generally immediate. A single injection suffices to arrest a profuse and rebellious pulmonary hemorrhage. No other remedy has an effect as rapid and as lasting.

—Le Bulletin Medical.

Hemorrhoids.

E. Barie, in Paris medical, is credited with the following ointment for hemorrhoids:

R Extracti belladonnae foliorum,
Tincture opii, of each gr. viiss,
Potassii iodidi, 3ss,
Extracti krameriae, 3j,
Petrolati, 3j.

M. et ft. unguentum.

Sig.: Apply morning and evening.

—New York Med. Journal.

Herpes—Genital.

Genital herpes should be cleansed with some mild antiseptic, as dermatol, hydrogen peroxide in boric acid solutions, 1.3, crystal or picric acid solution. This ointment may then be applied (Queyrat):—

R Cold cream, Gm. 20.
Zinc oxide, Gm. 2.
Menthol,
Guaiacol, of each, Gm. 0.2.

—Tribune Medecale.

Herpes Zoster.

The following dusting powder used freely will cause the vesicles to dry:

R Peroxide of zinc, Gm. 2.
Camphor, finely powdered, Gm. 15.
Starch, Gm. 60.

If the pain is intolerable:

R Extract of stramonium,
Extract of belladonna,
Extract of hyoscyamus, of each, gr. 0.01.

Sig.: Quantity for 1 pill.

—Stanton, in Tribune med.

Rheumatic Gout—Salt Pack In.

Dr. Jonathan Hutchinson says (Polyclinic) that he knows of no remedy so effectual in getting rid of the irritability and synovial infusion, in connection with rheumatic gout, as the salt pack. This consists of flannel, soaked in a saturated brine of common salt, which is wrapped around the affected joint, covered with oiled silk and a bandage, and kept on the whole night. It should be applied every night until the cure is effected.

—Med. Record.

Scalp and Hair Treatment After Scarlet Fever.

Itching of the scalp during the first three weeks is treated and prevented by washing with alcohol. This should be followed by rubbing in a small amount of white petrolatum. At the end of the fourth week and twice during the fifth

and sixth weeks the hair and scalp are washed with tar soap, then with the following hair lotion:—

R Hydrargyri chloridi corrosivi, gr. iv.
Acidi borici, gr. c.
Glycerini, 3ss.
Alcoholis, 3iv.
Aquæ, q. s. ad 3viij.

The hair and scalp are then dried thoroughly and the following hair tonic well rubbed in:—

R Quininae sulphatis, gr. lx.
Olei bergamottæ, gtt. v.
Olei ricini, 3j.

The eyes are protected by boric acid compresses and exclusion from light.—Medical Times.

Whooping Cough, Ichthyol Treatment Of.

The use of ichthyol in pertussis is recommended. Dr. Naame, in Etudes d'Endocrinologie, Paris, after experience in its administration to several hundred cases. The formula he uses is as follows:

R Ichthyolis, 3iiss (10 Gm.).
Glycerini, 5ss (15 Gm.).
Liquoris calcis, 3iiss (10 Gm.).
Olei amygdalæ amaræ, gtt. iij.
Olei anisi vel menthæ piperitæ, gtt. x.
Syrupi, q. s. ad 3iiss (100 Gm.).—M.

Children up to 1 year of age are given 4 to 6 teaspoonfuls of the syrup; up to 2 years, 3 to 4 dessertspoonfuls; 3 to 4 years, 4 to 5 dessertspoonfuls; 5 years and upward, 4 to 5 tablespoonfuls. These doses, especially the smaller ones mentioned, can be exceeded and even doubled in obstinate cases, those of long standing, or those complicated with capillary bronchitis or broncho-pneumonia. The preparation is not toxic and in case an excess is used, will merely bring on slight diarrhoea.

Staphylococcus Spray Treatment of Diphtheria Carriers.

Dr. A. M. Alden, in a paper in the A. M. A. Journal, gives the following conclusions:

1. No patient having had diphtheria should be released from quarantine until at least two consecutive negative cultures are obtained from both nose and throat, and ear if symptoms are present.

2. Antitoxin will not free the patient from the carrier condition, but some local application is necessary to rid the throat and nasal passages of *B. diphtheriae*.

3. In fifteen out of sixteen cases the staphylococcus spray effectively cleared the throat of *B. diphtheriae* after other methods had failed.

4. Apparently no harm resulted to the patient from the use of the spray.

General Management of Infectious Diseases.

Dr. Grober, in Deutsche Med. Woch., expresses his belief that generally speaking the prognosis of infectious diseases under modern treatment has improved. The factors which have brought about this result are numerous. Taking them more or less at random they comprise among others certain sedatives and hypnotics which have supplanted the narcotic morphine, the intravenous administration of digi-

tal derivatives and adrenalin, antipyresis with drugs and hydrotherapy, citric acid and HCl lemonades as aids to appetite, improved technique in regard to feeding, especially in bringing up the calories, revolutionary technique in nursing the sick, specific anti-bacterial therapy, including partial solution of the carrier problems, antitoxin therapy (in diphtheria), chemotherapy (in syphilis), vaccino-therapy, etc. Naturally in all specific and quasi-specific plans of treatment prophylaxis enters into consideration and is usually of much greater purport than treatment. The author gives due credit to old empirical medicine for the modern use of drastics, diuretics, etc., in infections. The power of purgatives, notably calomel, in the early period of acute infections is as well recognized to-day as ever. Under diuresis as a resource against infections no one drug is mentioned, although the reader thinks at once of urotropin as filling the indication to-day.

Hospitals; Training Schools.

Bayonne Hospital.

Dr. W. O. Pinkerton has been elected a member of the staff. Drs. J. J. Connelly and J. L. Sanborn were elected consulting physicians. Drs. McGregor and Van Zandt have been appointed internes.

The Ladies' Auxiliary presented to the hospital a \$150 pulmotor.

Englewood Hospital.

The twelve days campaign to raise funds for the benefit of the Englewood Hospital, ended with a meeting at the armory there on the evening of June 18th. The report then presented showed the amount raised for the hospital was \$131,249.

Hackensack Secures a Bed in Easton Hospital.

The newly-organized Hackettstown Auxiliary to the Easton Hospital has secured the necessary \$250 to establish an adult bed in that institution for one year. The treasurer of the auxiliary has forwarded the check.

The year began June 1 and the bed is to be known as the "Hackettstown bed." The money was donated by citizens and fraternal organizations. Hackettstown is the third town in Warren County to establish a bed in the Easton Hospital.

Hudson County Tuberculosis Hospital.

The assembly investigation of this institution will doubtless result in a report of commendation rather than condemnation. After concluding a somewhat thorough inspection of the institution at Snake Hill, June 4th, Dr. Gordon K. Dickinson, president of the board of managers, approached Assemblyman Martin, chairman of the investigating committee, and said:

"Martin, I understand you have been criticizing the managers in your paper. Now, after this inspection, what do you think about the place?"

"This trip has been a revelation to me," answered Mr. Martin, "and I realize that you

have been doing wonderful work. You deserve commendation."

Mr. Martin introduced in the House the resolution calling for the investigation. It was said he had received information which promised to bring about the disclosure of bad conditions. The acknowledgment that the work was praiseworthy instead, coming from Mr. Martin, therefore carries great weight and his declaration to Dr. Dickinson is said to be of the investigating committee.

Mercer Hospital.

At the regular meeting of the board of managers of the Mercer hospital held June 17th, Dr. Thurman B. Haas and Dr. Benjamin D. Ruben were elected resident physicians for the year beginning July 1, 1913 and ending July 1, 1914.

Dr. Clarence B. Farrar and Dr. Edwin Katzenenenvogen, of the State hospital staff were elected assistants in the out-patient department, neurological service, under Dr. H. A. Cotton.

Another matter of importance that was brought before the board of managers was the statement of Dr. Parker that the three retiring resident physicians, Dr. R. K. Adams, Dr. Henry E. Austin and Dr. W. W. Stevenson, had each received a call and accepted positions on the staff of the state hospital.

Monmouth Memorial Hospital.

The new staff of the Monmouth Memorial Hospital for the quarter ending September 30, which reported for duty, July 1st, includes Dr. Edwin Field, of Red Bank, and Dr. Harry B. Slocum, of this city. There are seventy patients at the hospital.

Mountainside Hospital, Montclair.

The board of governors of the Mountainside Hospital has announced the purchase of a tract of land adjoining the Nurses' Home on Highland avenue. On this property will be erected the large new medical building, the funds for which have been provided by a recent campaign on behalf of Mountainside Hospital, which netted the institution \$230,000. The Nurses' Home, adjoining the proposed new building, was a gift to the hospital several years ago by William T. Evans.

Overlook Hospital, Summit.

At a meeting of the Summit Hospital Association held last month, with a committee representing various civic bodies in Summit, an offer was received from Dr. William H. Lawrence, Jr., the head and principal owner of Overlook Hospital, of the sale of that institution either to the hospital association, or to a committee, whereby its permanent continuance as a general hospital shall be assured. Dr. Lawrence has named \$150,000 as his price.

The suggestion was first made at the annual meeting of the Highland Club that a committee or organization of Summit residents take hold of the hospital with a view to making it a more public institution, and to prevent the possibility that at some time or other the institution, which is well equipped and occupies what those present considered the most desir-

able site available, might be converted into a sanatorium, and thus Summit be deprived of a general hospital. Dr. Lawrence said he was willing to sell under certain conditions. The hospital was built seven years ago, he said, and its equipment is of the best. He declared that he was willing to continue his connection with the hospital if the sale was made and it was desirable to have him do so, but that he was willing to sell his interests outright, and that his connection with the institution he founded would in no sense be a condition of the sale.

Hackensack Hospital Training School.

The graduating exercises of this training school were held on June 23, when Oritani hall was filled with citizens who manifested enthusiastic interest in the proceedings. George M. Van De Water presided.

The Rev. Dr. Arthur Johnson, of the Second Reformed Church, delivered an address in which he drew a picture of the time when there was no hospital in Hackensack; when in emergencies neighbor took care of neighbor; when Dr. St. John was general board of managers, head physician, prescriber, operator and everything else. Since that period a well equipped hospital has been established and maintained, but with all its facilities has found it difficult to keep pace with the requirements of a constantly growing community. Now we hear of a movement on the east side of the county with a whirlwind method for advancing the importance of such an institution. Instead of the old plan of making things and then buying them, we may adopt this new method in Hackensack. If the east side can raise \$131,000 we should have no difficulty in raising \$100,000 for our hospital. No calling is more beautiful or presents greater opportunity for the accomplishment of good than that of a nurse, said the speaker, which was exemplified in the charming story of the Good Samaritan. She who lives for the good she can do and does it with unselfishness attains the highest ideal.

Dr. Thomas N. Gray of East Orange proved to be an excellent selection for delivering the address to the nurses. He designated June as the month of brides, diplomas, graduations of boys and girls, when young men and young women were stepping to higher grades of education or usefulness in the home life. For the nurse, failure or success depends upon the manner in which each takes the importance of the diploma. The knowledge acquired by nurses during their two years' course to perfect them for duties of their calling must be properly applied to constitute the competent aid in the calling. Authority and responsibility are especial elements to be recognized and applied with discretion. It is important that a nurse should study constantly and grow in knowledge; thus she will become that other right hand of the physician.

Dr. Gray placed particular stress upon the importance of keeping inviolate the secrets of the home; for a nurse, by natural association in her calling, must learn many things which belong to the sacred life of a family. She should go into the home with no object but to have eyes and ears for her calling, and when going out, leave all behind save the experience she has gained. She who enters a home with the object of having stated hours for this, that and the other thing, will never make the successful nurse; willingness to accommodate self to circumstances and con-

ditions should go with ability. Nor must a nurse be mercenary—she must care for rich and poor alike. And don't be a fussy nurse, said Dr. Gray. Omit certain duties when you see they have become objectionable to a weary patient who will be better off without insistent attention. And avoid knowing more than the physician in charge; especially if he be a young doctor. A nurse of this character undermines family confidence and injures the cause she represents. Such a nurse should pause long before entering upon the duties of so important a profession. Dr. Gray closed his address with a description of qualities constituting a dependable and a lovable nurse. The friends of this hospital propose to begin a campaign in September to raise \$100,000 for the enlargement and better equipment of the hospital.

State Hospital, Trenton, Training School.

On Friday afternoon, June 27th, eight young ladies graduated at the Training School for Nurses of the New Jersey Hospital for the Insane. The exercises were held in the chapel of the hospital.

Dr. William L. Russell, of New York City, made an excellent address to the graduates, taking as his subject: "The Rewards." He said in part:

"The diplomas which you have received are only a token, and unless they signify truly they are of little value. The receipt of this token opens up to you but a small part. If you will take up different lines of work, the newest branch of which is the social service work. You have received your diplomas at a time when there is a large future for nurses. There is a large field of general nursing and then there is the ever-increasing field of private nursing in homes. The remuneration feature of your work is but a small part. If you will take up your work with the spirit of making the best nurse that you possibly can, there is no doubt as to your future success.

"Another feature that the granting of your diploma signifies is that you have improved your position in life. There is a certain romance attached to the calling. Earning the respect of those who are able to judge your work is of vast importance. Cultivate the unselfish spirit. Friendship is one of the most important things towards happiness. Go about your work in a skillful, friendly manner; be always cheerful and put on a serene front.

"The knowledge that you have gained has been varied. You have studied the mental weaknesses; the destructive effects of alcohol and other poisons; you know something of heredity and sex hygiene. Now, as you go forth, aim at some one object. Do not stop studying; do not rest content with yourself. You can increase your knowledge by reading. Then there are post-graduate courses that mean a little outlay of money, but raise you to a higher plane of efficiency. There are special courses for certain special fields of labor, there is the study of hospital economics, all of which will fit you to carry on the work of your chosen profession and win for you the true reward of life itself."

Hon. G. D. W. Vroom, president of the board of managers, presented the diplomas to the graduates. He also administered to them the Florence Nightingale pledge. They were

also presented with neat pins. It has been the usual custom to present a medal to the nurse who secured the highest average, but the board of managers decided to make a change this year and presented the pin instead to each graduate. Miss Margaret Mary Hanley, with an average of 98, was the honor pupil of the class.

A feature of the program was the several selections rendered by the hospital orchestra, which, under the leadership of Prof. Veghte, has attained a high degree of efficiency. The invocation and benediction were pronounced by Rev. William Rogers.

Medico-Legal Items.

Physician Had to Pay Damages for Visiting a Patient Without Her Consent.

An unusual case has occurred in which damages were claimed from a medical man for "assault." A woman engaged in domestic service fell down stairs and injured herself. The insurance company in which her employer was a policy-holder sent a physician to examine her. She received no notice of this visit and was asleep in bed when he came. According to the evidence he roughly pushed past her mistress who opened the door, awoke and examined the woman, and tore off a plaster and strap which her own physician had applied, causing much pain. The physician gave a different account. He said that the woman's mistress invited him to the house, and that he removed the plaster at the plaintiff's request. He had made no appointment to visit her; that was a common thing; 75 per cent. of such cases were done under the same terms. In reply to the judge's question, "You suggest that doctors visit patients without first obtaining their consent?" he replied: "It is done in these cases." To this the judge retorted that the defendant had set up a new idea as to the rights of physicians which, from his knowledge of the profession, he thought was a libel on them. Damages of \$125 were awarded to the woman.

Doctor Can't Claim Surgeon's Fee.

Supreme Court Justice Giegerich, in New York, on May 31st, rendered an opinion in an action brought by Ezra M. Prentice, as trustee in bankruptcy of Morris H. Hayman, an attorney, who died in the Newark City Hospital eight days after he had attempted suicide in a hotel in that city. Hayman's act was due to despondency over his financial embarrassment.

Hayman was sent to the hospital and word was sent to his wife. She, with her brother, started for Newark in an automobile, picking up Dr. Louis J. Ladinski, of No. 1289 Madison avenue, who had been Hayman's physician for some years.

Dr. Ladinski performed all the services he was permitted under the rules of the hospital, but did not assist in the operation deemed necessary to save the attorney's life, which consisted of the transfusion of blood from the veins of a healthy patient.

Ladinski had executed a mortgage for \$9,000 to John Laimbeer several years ago, who as-

signed it to Hayman. The doctor did not render a bill to Hayman's executors after his death, because he was aware he was a bankrupt, but subsequently came to the conclusion that he might claim for the value of his medical service as an offset to the mortgage, the trustee in bankruptcy having brought suit against him for its foreclosure.

Experts, both medical and surgical, testified as to Dr. Ladinski's services. Trustee Prentice raised the point that Ladinski being a New York physician had no right to practice in New Jersey, and that Mrs. Hayman exceeded her authority in retaining him to treat her husband in the Newark Hospital.

Justice Giegerich ruled against Prentice on the first point. He held that Ladinski was entitled to compensation for his services, but that he should be compensated rather upon the scale of charges for services of a family physician than as an operating surgeon. He awarded the doctor \$750, which he directed should be deducted from the sum of \$2,000 still due him on the mortgage.

Medical Examiner as Insurance Co.'s Examiner.

In an action upon a mutual benefit certificate it appeared that the insured had stated in his application that he was a farmer, when he was in fact a saloonkeeper. It was contended, however, that the physician who took the medical examination was the insurance company's agent and knew the falsity of the statement, and on that account the company was estopped from forfeiting the policy by reason of the false statement. It was held, however, that while a medical examiner is regarded as the agent of the company issuing the certificate of insurance for which he makes the medical examination, and that the company will be chargeable with knowledge of information possessed by him contrary to disclosures made in such medical examination by the applicant, the medical examiner is not the agent of the insurer for anything more than is contained in the medical examination and his certificate thereto, and the insurer cannot be charged with any knowledge of information had by him outside of that agency. In this case the statement was made in the application and not in the medical examination. The application was signed by the applicant and acted upon by the local judge before the examination was made. The examining physician, as such, had no duty to perform relative to the application, and did not in any manner represent the company in making or accepting the application.—*Sovereign Camp Woodmen v. Hall*, Arkansas Supreme Court, 148 S. W. 326.

Sufficient Allegations to Show Liability for Malpractice.

The Supreme Court of Wyoming reverses a judgment rendered for the defendant on a demurrer to the plaintiff's petition on the ground that it failed to state facts sufficient to be observed that the plaintiff alleged in the petition, among other things, that the defendant did not furnish him with proper hospital accommodations in the hospital provided for injured employees, and did not treat him properly therein, and did not furnish him the services of skillful or competent physicians or trained or capable nurses, and did not use or exercise due or reasonable care in the selection of such

nurses and physicians and surgeons as were furnished to the plaintiff. With reference to cases of this character, it may be said that in general it has been held that a railroad company is not liable for the negligence of its surgeons if it has used reasonable care in their selection. The court thinks that is the correct rule. It is also held that the duty of a charity hospital ends with the selection of capable surgeons and nurses. And on demurrer everything alleged in the petition must be taken as true.

It was alleged in this case that the physician furnished did, in the performance of the operation, "carelessly and negligently, and unnecessarily cut a large hole in the neck of the plaintiff's bladder." The words "carelessly" and "negligently," as thus used, were not synonymous with the word "unnecessarily." The latter negated the necessity of cutting the bladder in the performance of the operation while the former referred to the manner of doing and not of the necessity of doing. The necessity of cutting the bladder in the performance of the operation rested in the judgment of the surgeon, and called into activity his power to perceive and perform, which was the measure of his skill. If, therefore, he performed an act unnecessary to the operation with or without negligence, such act would be attributable to errors of judgment or want of skill.

(Williams vs. Union Pacific Railroad Co. (Wyo.), 124 Pac. R. 505).

Marriages.

CRANE—HOFFMAN.—At Morristown, N. J., June 3, 1913, Dr. Benjamin Wallace Crane to Miss Helen Byram Hoffman, both of Morristown.

MEIGH—PAISH.—At Llanerch, Pa., May 21, 1913, Dr. Josiah Meigh, of Bernardsville, N. J., to Miss Florence Paish, of Philadelphia, Pa.

MULLIGAN—McARDLE.—At Avon, N. J., June 18, 1913, Dr. Arthur A. Mulligan, of Harrison, N. J., to Miss Cathryn C. McArdle, of Jersey City.

MUTCHLER—VAN CLEAF.—At Asbury Park, June 25, 1913, Dr. Henry R. Mutchler, formerly of Rockaway, now of Hackettstown, to Miss Helen Van Cleaf, of Asbury Park.

THOMPSON—ALLSOP. — At Williamstown, Mass., June 26, 1913, Dr. Austin B. Thompson, of Orange, N. J., to Miss Bessie Meacham Allsop, of Williamstown, Mass.

TOMPKINS—KILGORE. — At Flemington, N. J., June 11, 1913, Dr. Grenelle Bertram Tompkins to Miss Jane Dunham Kilgore, both of Flemington.

Deaths.

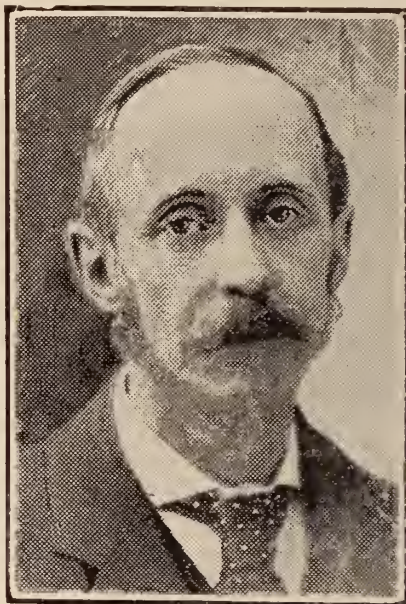
DROSSNER.—At Jersey City, Dr. Morris Drossner, aged 70 years. He was a graduate of the University of Irefswald, Germany, in 1863.

FARROW.—At Peapack, N. J., June 21, 1913. Dr. Edwin F. Farrow, aged 51 years. Dr. Farrow died Saturday after a short illness from pneu-

monia. He was a native of Hunterdon County, having been born at West Portal and received his early education in the schools of that vicinity. He graduated from the New York College of Physicians and Surgeons in 1886 and took up the practice of medicine at Pottersville, where he remained for about a year. Then he moved to Peapack, where he had been a practicing physician ever since. He leaves a widow and three children.

MACDONALD.—In Red Bank, N. J., March 29, 1913, Dr. John M. MacDonald, of Belleville, N. J., aged 45 years. Dr. MacDonald graduated from the Medical Department of the New York University, 1890.

RISK.—At Summit, N. J., May 30, 1913, Dr. James Boyd Risk, of Summit, aged 56 years.



JAMES BOYD RISK, M. D.

(Courtesy of the Newark Evening News)

Dr. Risk, who had been practicing medicine more than twenty-five years, was born in Munsey, Pa., fifty-six years ago. He was graduated in 1877 from Lafayette College, Easton, Pa., and in 1879 received his medical degree from the University of Pennsylvania. His medical education was supplemented by a course in Vienna.

Before going to Summit, Dr. Risk was a member of the staff of the Episcopal Hospital, Philadelphia, and for a short time later practiced in Morristown. In 1892 he joined his brother, the late Dr. William Risk, in Summit, and the two became known among the leading members of their profession in the county.

After having been a member of the Common Council, Dr. Risk was elected Mayor of Summit on the Democratic ticket in 1908, serving a two-year term. At the time of his death he was physician at the Convalescent Home, vice-president of the Summit Trust Company and a director of the First National Bank. He was a member of the Summit Medical Society, the Newark Medical Society, the Morris County

Medical Society, the Medical Society of New Jersey and the American Medical Association.

A widow, who before her marriage was Miss Mary Browning Butler, of Indianapolis, and two children, two and four years old, respectively, survive Dr. Risk.

Death followed a nervous breakdown several months ago, although Dr. Risk had sought to recover his health by a trip to Bermuda.

PARRY—At Camden, N. J., June 14, 1913, Dr. Edward Parry, aged 46 years. Dr. Parry graduated from the Medico-Chirurgical College, Philadelphia, in 1903.

At a meeting of the Camden County Medical Society, held June 16th, 1913, the following minute and resolution was adopted:

It has pleased Almighty God to remove from our midst, our fellow member, Dr. Edward Parry, who died June 14th, 1913, age forty-six (46) years, after a lingering illness.

Dr. Parry was for many years a member of the Camden County Medical Society, but has been prevented from attending the meeting frequently because of long continued illness.

He was patient and resigned, even during several years of almost complete helplessness, and in periods of great pain.

Resolved, That the Camden County Medical Society extends to Mrs. Parry and her children sincere sympathy and condolence, in their hour of great bereavement.

Daniel Strock, M. D., Henry H. Sherck, M. D., Hyman I. Goldstein, M. D., Committee.

WORTHINGTON — At Trenton, N. J., recently, Dr. Anthony H. Worthington. Dr. Worthington graduated from the Penn Medical University in 1860.

Book Reviews.

Annual Report of the Board of Education, Bayonne, N. J., 1911-1912.

This report contains among other things the Second Annual Report of the Department of Medical Inspection for the year ending June 30, 1912. It is prepared by one of our members, Dr. Fred M. Corwin, and is a good example of what such reports should be.

SUMMARIES OF LAWS RELATING TO THE COMMITMENT OF THE INSANE IN THE UNITED STATES. By John Koren, for the National Committee for Mental Hygiene, 50 Union Sq., New York, 1912.

THE NARCOTIC DRUG DISEASE AND ALLIED Ailments, Pathology, Pathogenesis and Treatment. By George E. Petten, M. D., Memphis. F. A. Davis Co., Publishers, Philadelphia, 1913.

An excellent review of the conditions underlying and maintaining drug addictions. We would take decided issue with the author in his estimate of the Lambert treatment. We have used this treatment in a number of cases and are acquainted with its results as used by other physicians and have only the most favorable opinion to express regarding it. We think that the author must be entirely unfamiliar with this treatment or unduly prejudiced against it, as it has been more successful in

relieving and permanently overcoming these drug addictions than any other mode of treatment known to the profession.

PROGRESSIVE MEDICINE: A QUARTERLY DIGEST of the Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, assisted by Leighton E. Appleman, M. D., Vol. XV, June, 1913. Lea & Febiger, Philadelphia and New York, 1913.

The scope of this magazine, which contains 450 pages, is shown by the table of contents: Hernia, by William B. Coley; Surgery of the Abdomen, by John C. A. Gerster; Gynecology, by John G. Clark; Diseases of the Blood, by Alfred Stenget; Ophthalmology, by Edward Jackson.

PREVENTIVE MEDICINE AND HYGIENE. By Milton J. Rosenau, Professor of Preventive Medicine and Hygiene, Harvard. D. Appleton & Co., New York and London, 1913.

This book is an expression of modern progress in hygiene and sanitation. This broad field is covered by no other book extant. It is a specialty. The facts have been collected and presented in a convenient manner for the instruction of the student or physician, and for consultation by the sanitary engineer or those engaged in public health work. The book is divided into two parts, 1st, that which deals with the person (hygiene), and 2nd, that which deals with the environment (sanitation). Its wide scope is shown by the section headings: Prevention of the Communicable Diseases; Immunity Heredity and Eugenics; Foods; Soil; Water; Sewage Disposal; Refuse Disposal; Vital Statistics; Industrial Hygiene and Diseases of Occupation; Schools; Disinfection. It is freely illustrated and will be of value to all interested in this subject.

NEW ASPECTS OF DIABETES: PATHOLOGY AND Treatment. By Prof. Carl von Noorden, professor of the First Medical Clinic, Vienna. E. B. Treat & Co., New York. Pp. 160. Price, \$1.50.

This volume contains the series of lectures given by Prof. von Noorden at the New York Post-Graduate Medical School, New York City, in October, 1912. Prof. von Noorden has been identified with the progress of the theoretical and applied knowledge of metabolism for more than twenty years, and his study and experience in the treatment of more than 2,000 cases of diabetes mellitus in his clinic and sanatorium makes him an authority on the subject. Therefore physicians will find this little volume helpful in its presentation of present-day knowledge of the pathology and treatment of this disease.

BOOKLETS AND REPRINTS RECEIVED.

American Medical Association Bulletin, Educational Number in two parts.

General Index to the Transactions of the Illinois State Medical Society, 1850-1898. Edited by Dr. Carl Black.

Decompression for the Relief of Disturbances of the Auditory Apparatus of Intra-

cranial Origin; Report of three cases with a previously undescribed aural condition. Dr. Wells P. Eagleton, Newark.

Puerperal Infection. Dr. William Edgar Dar-nall, Atlantic City.

Anesthesia by Pharyngeal Insufflation. Dr. Frank W. Pinneo, Newark.

Phlyctenular (Eczematous) Conjunctivitis and Keratitis; Report of 40 cases. Drs. A. E. Davis and Harry Vaughan.

Gallstones. Dr. Parker Syms, New York City.

Claudius Galen—131 A. D. to 200 A. D. Also Benjamin Rush, 1745-1813. Dr. Thomas W. Harvey, Orange.

Incomplete Abdominal Surgery. Dr. H. G. Wetherill, Denver, Col.

The Councils of Proprietors of New Jersey. Dr. John R. Stevenson, Haddonfield.

Personal Notes.

Dr. Fred H. Albee, Colonia and New York City, and wife, sailed for Europe July 3rd for a few weeks' rest.

Dr. George H. Balleray, Paterson, will sail this month for Europe and expects to attend the International Medical Congress Meeting in London in August.

Dr. Louis L. Davidson, Newark, and wife, spent a few days recently on a trip to Niagara Falls, Thousand Islands, Toronto and Montreal in celebration of their tenth wedding anniversary.

Dr. James R. English, Newark, and family are occupying their cottage at Budd's Lake.

Dr. William S. Lalor, Trenton, was appointed a member of the Hygiene and Public Health Reference Committee at the A. M. A. annual meeting last month.

Dr. Henry L. Coit, Newark, leaves this month for Europe, to attend the International Medical Congress in London in August, and the English-speaking Congress on Infant Mortality, which meets immediately afterwards there.

Drs. Gordon K. Dickinson and George E. McLaughlin, Jersey City, expect to spend a few weeks in July and August abroad. They will also attend the International Congress in London.

Dr. G. Ward Disbrow, Newark, has been appointed a member of the staff of the Springfield State Hospital, Sykesville, Md.

Dr. Elam K. Lee, Lawrenceville, and family, are making a two months' stay at Camptown, Pa.

Drs. Frank M. Donohue and D. C. English, New Brunswick, and their wives took an auto trip in the car of the former, to Pennington last month to call on Dr. and Mrs. J. W. Ward.

Dr. B. V. D. Hedges, Plainfield, spent a few weeks in May and June in Chester at the home of his mother.

Dr. William W. Knowlton, Camden, and family are spending the summer at Pitman's Grove.

Dr. Charles F. Kraemer, Newark, and family have gone to their summer home at Bradley Beach.

Dr. William H. Lawrence, Jr., Summit, is spending a few weeks in California.

Dr. Alexander Marcey, Jr., Riverton, and wife expect to spend a few weeks abroad this summer in Italy and Switzerland mainly.

Dr. Watson B. Morris, Springfield, and wife are spending a few weeks in the Adirondacks.

Dr. William G. Nash, Newark, and wife are spending a few weeks motoring through southern New Jersey and Pennsylvania.

Dr. Edward A. Y. Schellenger, Camden, and family have taken a cottage at Ocean City for the summer.

Dr. Arthur L. Smith, New Brunswick, and wife will take a trip abroad this month.

Dr. Marica M. Vinton, East Orange, addressed the Borough Improvement League of Metuchen last month.

Dr. Max Wyler, Fort Lee, and wife sailed for Europe last month, expecting to spend three months abroad. They will, in July, attend the golden wedding of the doctor's parents in Switzerland.

Dr. Joseph Fewsmith, Newark, and wife will spend the summer months abroad.

Dr. Joseph L. Fewsmith, Newark, and wife, will spend part of the summer on Long Island.

Dr. Edgar B. Funkhouser, Trenton, assistant physician at the State Hospital, who has been taking a six months' post-graduate course abroad and is now in Switzerland, expects to return home in August.

Dr. Robert H. Hamill, Summit, acted as toastmaster at the annual dinner of the Summit Medical Society, May 28th. Dr. William J. Lamson delivered the address.

Dr. William A. Clark, Trenton, has announced the engagement of his daughter, Miss Isabel, to Edwin B. Moore.

Drs. W. H. Iszard, H. L. Rose, J. E. Hurff, W. B. Jennings, Camden, attended the banquet of the Jefferson Medical College Alumni Association in Philadelphia, June 6th.

Dr. Andrew F. McBride, mayor of Paterson, has been elected president of the Passaic County Medical Society.

Dr. William B. McGlennon, East Newark, was elected register of vital statistics of the local board of health in June.

Dr. Alexander Marcey, Jr., Riverton, and wife, have sailed for a few weeks' trip through Italy and Switzerland.

Dr. Paul M. Mecray, Camden, and family will spend the summer at Cape May.

Dr. George E. Reading, Woodbury, entertained the physicians of Gloucester County at his residence June 30.

Dr. Mefford Runyon, South Orange, and family, are at Oak Bluffs, Mass., for the summer.

Dr. William G. Schaufler, Lakewood, made the address and presented the diplomas to 52 graduates of the Chattle High School, Long Branch, at the 37th annual commencement June 20th.

Dr. Frederick H. Seward, Madison, is enjoying a month's vacation in Maine.

Dr. Charles A. Schneider, Newark, and wife, and Dr. and Mrs. Gibbins enjoyed a 400-mile trip by auto through New Jersey and Pennsylvania in June.

Dr. James W. Ware, Bayonne, and wife took a two weeks' cruise in their motorboat up the Hudson, Lake Champlain and the St. Lawrence to Quebec last month.

Dr. F. W. Westcott, Fanwood, president of the Township Board of Education, presented diplomas to the 14 graduates of the Scotch Plains Grammar School June 20th.

MEDICAL EXAMINING BOARDS' REPORTS.

Examined. Passed. Failed.

California, April	106	76	30
Colorado, April	7	5	2
*Illinois, January	106	57	49
Indiana, January	20	18	2
Missouri, February	39	29	10
Nevada, May	3	3	0
South Dakota, Jan.	15	15	0

*Illinois, 42 midwives were examined; 26 passed and 16 failed.

Public Health Items.**Promoting Hygiene and Public Baths.**

The American Association for Promoting Hygiene and Public Baths held a meeting in Baltimore, Md., May 13-15, when the following officers were elected: President, Dr. Simon Baruch, New York; vice-president, Mr. Thomas M. Beadenkopf, Baltimore; Secretary, J. Leonard, Mason City Hall, Newark, N. J.

Newark Death Rate Report.

During the week ending at noon to-day, 100 deaths were reported in the city to the Board of Health, representing a death rate of 13.68 per 1,000, on an estimate population of 380,000. There were 293 cases of contagious and infectious diseases reported, being an increase of two over last week. There were seventeen deaths among infants under one year old; three under two years; four from two to five years; eight from five to twenty years; thirty-nine from twenty to sixty years and twenty-nine over sixty years.

For several years we have been working to exterminate the fly. Do you see any difference in your community?

Is it cleaner and are there fewer flies, less typhoid, less dysentery?

If not, there is a reason. Try to find out where the trouble lies, keep the facts before your fellow citizens. Clean up the stables once a week, scattering the manure on the fields, and the flies will disappear.

Anti-Vaccination Bill Defeated.

On May 28, the bill to amend the vaccination law so that vaccination should be required only in time of outbreaks of smallpox was defeated in the lower house of the Pennsylvania legislature.

Smallpox in Philadelphia.

A new outbreak of smallpox in Philadelphia on June 1 caused the vaccination of several hundred persons within the area of one square block. Five cases of smallpox were found on one small street, all the patients being colored.

Mercer County Sanitation League.

At the meeting held June 12, in the Mayor's office Trenton, plans for the equipment of the shore vacation cottage for anemic children were formulated. A cottage to accommo-

date twenty-five children had been leased at Avon for the summer, to be open from July 1 to September 12, where each child would be given a two week's stay. The cottage fund amounted to \$900 and \$1,500 would be the full amount required. Mrs. Cantwell, wife of the late Dr. F. V. Cantwell will prepare a list of the needs of the cottage.

Material Ignorance and Infant Death-Rate.

One of the most attractive fields of sanitary endeavor, from a financial standpoint, is the prevention of infant mortality. It has now been demonstrated beyond a doubt that the chief cause of a high infant death-rate is the ignorance of the mothers. Wherever these are used intelligently the death-rate falls. In Providence it appears that about two hundred babies a year have been saved in this way. It cost about \$6,000 to do it, or \$30 per baby.—Chas V. Chapin, Am. Jour. Pub. Health.

Physicians Criticise Health Bodies.

Criticism was passed upon the Board of Health and the Essex County Medical Society June 18th, at a meeting in the Progressive party headquarters of the doctors who compose the city Progressive committee, which the organization has appointed to investigate sanitary conditions in Newark. The fact that existing laws are in some instances inadequate was decried.

Dr. Robert A. Giuliani criticised the Board of Health and the medical society for not taking action to prevent the pollution of the Passaic River; he deplored the fact that the river is full of microbes, and he said that neither body has taken any action to prevent the pollution of the stream. The number of inspectors employed by the Board of Health to look after the dairies that supply milk to the city is not sufficient, Dr. Giuliani said, and he also criticised conditions which prevail in the tenement districts.

Dr. John Hemsath spoke of the practice in the public schools of distributing books and pencils that have been used by other children.

This system provides a medium for the circulation of disease germs, he said. Dr. William D. Bleick, alderman of the sixth ward also spoke.

Glen Ridge Criticises the State Board.

Dr. H. Crittenden Harris, president of the Glen Ridge Board of Health, at a meeting held June 16, said,

"It is an outrage for the State Board, supposedly in existence to protect the health of citizens, to allow a municipality to empty sewage into a stream. Despite warning signs posted by this board, children of Glen Ridge bathe in Toney's Brook, which is polluted by Montclair. We write the town Board of Health concerning the criminal practice of having the stream polluted, but nothing is done to afford relief; we write the State Board of Health and receive a childish letter. This stream not only passes through this borough, but flows through sections of Bloomfield, Belleville and Newark, and also some park property. The situation should be investigated

by every municipality involved, and relief demanded."

Other members of the board were as severe as Dr. Harris in their comments upon the State Board. It was suggested that appeal be made to the grand jury to institute an inquiry into the conditions, or to apply for an injunction to the Court of Chancery. Persons who deposited lime in a stream had been fined, Dr. Harris said, but it appeared nothing would be done by the State authorities to punish a municipality which polluted a stream with sewage.

Public Health Against Private Gain.

The food adulterators and the "patent medicine" fakery are the real foes of the national department of health. They skulk in the background behind vapid legislators who prate of State rights, behind complaisant officials willing to support silly charges against upright administrators, behind honest Christian Scientists misled as to the real purpose of the proposal, behind anti-vivisectionists and antivaccinationists and all the fanatics they can rally to their support with talk of medical freedom. The medical freedom they seek is freedom to poison, debauch and slay, and their opposition should bring to the support of the movement every decent citizen.—Pearson's Magazine.

Tuberculosis Death Rate Reduction, 1871-1912.

Mr. Frederick L. Hoffman, of Newark, at the annual meeting of the National Association for the Study and Prevention of Tuberculosis, in a paper he read, says:

A considerable amount of trustworthy statistical evidence is available to sustain the conclusion that the mortality from tuberculosis of the lungs has actually as well as relatively diminished in the United States during the last thirty years, and that on the basis of rates for the registration area, the saving of lives due to the campaign against this disease during the decade ending 1910 alone has amounted to nearly 200,000. The death-rate in this one decade has been diminished from 174.5 per hundred thousand of population to 139.7.

A study of the combined mortality from tuberculosis of the cities of New York, Philadelphia and Boston for 100 years, commencing with 1812, shows that the death-rate from this disease has persistently diminished, from 418.6 per hundred thousand population in the first decade of this period to 213.9 in the last decade. Furthermore this tabulation, which seems to be the first of its kind that has ever been made for any group of large cities in the world, shows that there has been a much more decided tendency toward a reduction of the death-rate since 1882. The death-rate from tuberculosis, which was 389.1 in 1881, had declined to 180.1 in 1912. These figures present the most conclusive evidence on record that the deliberate, thoroughly intelligent and nation-wide campaign against tuberculosis on the principle of its being an infectious disease and transmissible from man to man, has been successful beyond expectations.

Another study of fifty large American cities for the forty-year period beginning 1871 shows that the death-rate in this group of American cities has declined from 335 per hundred thou-

sand in 1881 to 166 in 1911. The decline in Northern and Western cities was from 325 to 160 per hundred thousand, or 50.8 per cent. In the white population of Southern cities the rate declined from 301 to 150 or 50.2, while the colored population of Southern cities showed a reduction from 668 to 423, or 36.7 per cent.

Another study of the mortality from tuberculosis of the lungs in the States of Massachusetts, Rhode Island and Connecticut gives further evidence that the decline in the death-rate from this disease has been a real one. The male death-rate from tuberculosis of the lungs in these three States has decreased from 276 per hundred thousand population in 1881 to 146 in 1911, or 47.1 per cent., and the female death-rate from 308 to 111, or 64 per cent. An important fact disclosed by this analysis is that the fall in the tuberculosis death-rate for women has been relatively greater than the corresponding decrease for men. Probably much of this relative difference is due to the fact that the sanitary conditions in workshops have not progressed with a rapidity equal to increased sanitation in the home. All the evidence obtainable from trustworthy sources confirms the conclusion that the reduction in the tuberculosis death-rate in the United States during the last forty years has not been less, but in many cases more than in other civilized countries throughout the world.

Some of Humanity's Needless Burdens.

From E. E. Rittenhouse's address on "Human Life as a National Asset," at the National Conservation Congress, published in "The Human Factor."

With all its blessings, modern civilization introduced hazards, habits and conditions of life which not only invite, but which have increased in many ways physical, mental and moral degeneracy.

Our birth rate is declining. Over 200,000 infants under age of five, die annually from preventable diseases in the United States.

Of the 20,000,000 school children in this country, not less than 75 per cent. need the attention of the physician for physical defects which are prejudicial to health.

The alcoholic and drug habits are constantly adding to the degenerate list and the death roll.

The diseases of vice are spreading, and we lack the moral courage to openly war against them.

Insanity and idiocy are increasing at an alarming rate.

The diseases of old age are reaching down into middle life and below. Our vital organs are wearing out too soon.

We have had an increase of over 100 per cent. in thirty years in the death-rate from diseases of the heart, blood vessels and kidneys, including apoplexy.

These disease claim over 350,000 Americans annually. Sixty per cent. of them are preventable or postponable if detected in time.

Pellagra, a deadly plague, is increasing in the South, but it excites little or no public concern.

Over 135,000 lives are taken by pneumonia, chiefly as a result of weakened resistance from degenerative disease.

Over 150,000 die annually from the preventable plague—tuberculosis.

Nearly a million tubercular victims are constantly spreading the malady to the well, with virtually no official supervision or restraint.

Over 25,000 are killed and 300,000 attacked annually by the preventable filth disease, typhoid fever.

Other germ diseases carry off more people than tuberculosis and typhoid fever combined.

Over 1,500,000 people are constantly ill from preventable disease.

The sum of \$1,500,000,000 is a low estimate of the annual economic loss from preventable deaths.

Our cities spend six and a half times as much to prevent fire waste as they do to prevent life waste, although the money loss from life waste is six times greater.

These are some of the problems the United States has to face. How far is Kentucky responsible in creating such conditions? What are we doing to remedy the evil? The Health Department alone can't fight this great battle, but the Health Department and you and I and the whole Brotherhood of Man could win a glorious victory with scarce a turn of the hand.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, May, 1913.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending May 10, 1913, was 3,314. By age periods there were 517 deaths among infants under one year, 268 deaths of children over one year and under five years and 1,079 deaths of persons aged sixty years and over.

A decrease of 553 deaths from the previous month is noted. The deaths by age periods for the past two months are as follows:

April—Under one, 626; one to five, 327; over sixty, 1,244.

May—Under one, 517; one to five, 268; over sixty, 1,079.

The following shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending May 10, 1913, compared with the average for the previous twelve months, the averages are given in parentheses:

Typhoid fever, 13 (25); measles, 27 (23); scarlet fever, 30 (17); whooping cough, 39 (19); diphtheria, 41 (45); Malarial fever, 0 (2); tuberculosis of lungs, 326 (310); tuberculosis of other organs, 42 (45); cancer, 177 (169); diseases of nervous system, 349 (350); diseases of circulatory system, 490 (424); diseases of respiratory system (pneumonia and tuberculosis excepted), 249 (198); pneumonia, 298 (244); infantile diarrhoea, 57 (197); diseases of digestive system (infantile diarrhoea excepted), 221 (194); Bright's disease, 273 (244); suicide, 33 (35); all other diseases or causes of death, 640 (636); totals, 3,314. (3,177.)

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis examined:

Specimens received from suspected cases of diphtheria, 446; tuberculosis, 659; typhoid fever, 211; malaria, 29; miscellaneous specimens, 98; total, 1,443.

Division of Food and Drugs.

During the month ending May 31, 1913, 344 samples of food and drugs were examined in the State Laboratory of Hygiene with the following results:

The following samples were found to be above standard:

The 3 of maple syrup; the 6 of molasses; the 1 each of extract almond, nutmeg, olive oil, cottonseed oil, pimple wash, quinine citrate, sodium sulphate, spirits peppermint and sugar of milk; and the 3 of sodium phosphate.

The following numbers of samples were found to be below standard:

Six of the 173 samples of milk; 1 of the 12 of butter; 8 of the 64 of cream; 11 of the 31 of vinegar; 4 of the 5 of bay rum; 1 of the 3 of camphorated oil; 7 of the 13 of hair tonic; 1 of the 2 of Jamaica ginger; the 2 of reduced iron; 4 of the 6 of tincture of codine; 2 of the 3 of toilet water; the 4 of witch hazel; 1 of the 3 of lemon extract; the 1 each of olive oil, bay leaf.

Seventeen suits were begun during the month against persons whose samples were found to be below standard.

Samples of oysters examined, collected from oyster beds, 3; samples of water examined, collected from oyster beds, 244; samples of hard clams examined, collected from clam beds, 2.

Division of Creameries and Dairies.

During the month 439 inspections were made as follows:

DAIRIES INSPECTED.

Total number of dairies inspected, 253; number scoring above 60 per cent. of the perfect mark, 125; number scoring below 60 per cent. of the perfect mark, 120; number relinquishing the sale of milk, 8; number of dairies from which the sale of milk was prohibited by action of the Board, 7; number of dairies given a time limit to improve sanitary conditions on their premises, 11.

CREAMERIES INSPECTED.

Total number of creameries inspected, 28; number of milk depots inspected, 43.

ICE CREAM FACTORIES INSPECTED.

Number of ice cream factories inspected, 175; ice cream factory licenses recommended, 12; ice cream factory licenses refused, 4; ice cream factories given a limited time to improve sanitary conditions, 1.

Anticipating the large shipments of milk, which will be made to our seaside resorts during the coming season, we have been engaged for some time investigating the sanitary condition of the dairies producing the supply. We have now completed the initial inspection of dairies furnishing milk to Atlantic City and Long Branch.

In the case of Atlantic City, it was necessary to prohibit the sale of milk from a few dairies, and others were given time limits in which to establish new and better methods in handling milk. A few reinspections have taken place,

and remarkable improvements have been made for the better.

The following investigations have been made for the city of Long Branch: 22 dairies, 11 milk depots, 12 stores selling milk, 8 ice cream factories. This work has just been completed.

Reports of inspections of dairies were also sent to the following local boards of health: Belleville, Burlington, Collingswood, Dover, Hackensack, Irvington, Metuchen, Paterson, Roselle and Trenton.

During the month ending May 31, 1913, 148 inspections were made in 77 cities and towns. The largest number in cities were: Atlantic City, 6; Jersey City, 22; Hoboken, 3; Bridgeton, 4; Newark, 9; Trenton, 13, and Washington, 4.

The following articles were inspected during the month, but no samples were taken:

Milk, 464; butter, 447; food, 1,101; drugs, 298. Other inspections were made as follows:

Milk wagons, 142; milk depots, 16; grocery stores, 289; drug stores, 20; slaughter-houses, 88; meat markets, 4; butter investigations, 6; milk cans, 450; egg investigations, 3; coffee investigations, 1; methyl alcohol investigations, 3; fish factories, 2; cold storage warehouses, 22; produce stands, 89; canning factories, 2; oyster shucking houses, 1; dairy farms, 38; confectionary stores, 3; bakeries, 2; creameries, 4.

Meat inspections and examinations:

Cattle, 1; calves, 26; live hogs, 30.

Division of Foods, Drugs, Sewerage and Water

Total number of samples analyzed in the water laboratory, 237; public water supplies, 116; special public water supplies, 84; State institution supplies, 3; private water supplies, 20; trade wastes, 5; sewage samples, 9.

INSPECTIONS.

Water supplies and water purification plants inspected at Allentown, 2; Branchville, Butler, Elizabeth, Flemington, 2; Gloucester, 2; Lambertville, Long Branch, Midland Park, Millville, Morris Plains (State Hospital), Mount Holly, Newark, 2; New Brunswick, Newton, Pompton Lakes, Rahway, Rahway (State Reformatory), Ramsey, Raritan, Roebling, 2; South Orange, White Horse, Woodbury, 2.

Watershed inspections: Complete reinspection of the Jersey City watershed.

Sewage disposal plants and sewerage systems inspected at Bordentown, 2; Burlington, 2; butler, Calowell (Essex County Penitentiary) 2; Carlstadt, East Rutherford, Englewood, Flemington, Highstown, 2; Hohokus, (Hohokus Bleachery) 2; Leonia, Lincoln (National Pure Food Company), Moorestown, Plainfield, Powersville (Field & White Co.), 4; Rayville, Red Bank, Ridgewood, 2; Rutherford, Secaucus, Spring Lake, Waldwick (Waldwick Bleachery), 2; West End, West Orange, 2.

Stream inspections on the Cohansey River, Delaware River and tributaries, Elizabeth River, Great Egg Harbor River, Hop Brook, Maurice River and tributary, Millstone River and tributary, Passaic River and tributary, Pequannock River, Rahway River, Raritan River and tributaries, Rockway River and tributaries, Second River, Shrewsbury River and tributary, South River, Whippany River and tributaries.

Number of stream pollutions reported, 33;

reinspections of stream pollutions made, 415; stream pollutions found abated, 230; notices to cease pollution issued, 29; cases referred to the Attorney General, 46; plans for sewage disposal plants, sewerage systems and extensions approved, 24.

NEW AND NON-OFFICIAL REMEDIES.

Since May 1 the following articles have been accepted for inclusion with New and Non-official Remedies:

Luminal (Merck & Co.)

Sodium Luminal (Merck & Co.)

Magnesium Perhydrol (Merck & Co.)

Magnesium Perhydrol 25% (Merck & Co.)

Magnesium Perhydrol 25% Tablets (Merck & Co.)

Cholera Agglutinating Serum (H. K. Mulford Co.)

Diphtheria Bacterin (H. K. Mulford Co.)

Staphylococci Cultures (H. K. Mulford Co.)

Luminal (Farbenfabriken of Elberfeld Co.)

Luminal Tablets 1½ grains (Farbenfabriken of Elberfeld Co.)

Luminal Tablets 5 grains (Farbenfabriken of Elberfeld Co.)

Luminal Sodium (Farbenfabriken of Elberfeld Co.)

Solution of Amylene-Choral (50%) Kalle (Kalle & Co.)

Since publication of New and Non-official Remedies, 1913, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-official Remedies":

Cholera Agglutinating Serum—The dried-blood serum of horses which has been injected with killed cultures of the cholera vibrio. It is intended for the diagnosis of cholera by the agglutination of suspected cholera vibrios. H. K. Mulford Co., Philadelphia.

Diphtheria Bacterin—This is a *Bacillus Diphtheriae* Vaccine claimed to be useful for the treatment of diphtheria carriers and for immunization against diphtheria. H. K. Mulford Co., Philadelphia.

Coli Vaccine (Polyvalent)—For description of *Bacillus Coli* Vaccine see N. N. R. 1913, p. 221. Schieffelin & Co., New York. (Jour. A. M. A.)

Gonococcus Vaccine (Polyvalent)—For description of *Gonococcus* Vaccine see N. N. R. 1913, p. 223. Schieffelin & Co., New York.

Pneumococcus Vaccine (Polyvalent)—For description of *Pneumococcus* Vaccine see N. N. R. 1913, p. 224. Schieffelin & Co., New York, (Jour. A. M. A.)

Staphylococcus Vaccine (Polyvalent) — Schieffelin & Co., New York. (Jour. A. M. A.)

Staphylococcus Albus Vaccine (Polyvalent) — Schieffelin & Co., New York.

Staphylococcus Aureus Vaccine (Polyvalent) — For description of *Staphylococcus* Vaccine see N. N. R. 1913, p. 225. (Schieffelin & Co., New York.)

Staphylococci Cultures—These cultures consist of colonies of active living *staphylococcus aureus*. They are intended for the elimination of diphtheria bacilli from the throats of diphtheria carriers. H. K. Mulford Co., Philadelphia.

The above are from the Jour. A. M. A., May 10, 1913, p. 1461, and the following from Jour. A. M. A., May 17, 1913, p. 1541:

Luminal—Luminal is phenyl-ethyl-barbituric acid. It is closely related to veronal, which is diethylbarbituric acid. It is a white, slightly bitter powder, almost insoluble in cold water. It is claimed to be a useful hypnotic in nervous insomnia and conditions of excitement of the nervous system. Merck & Co., New York.

Luminal-Sodium—Luminal-sodium is the sodium salt of luminal. It is hygroscopic and readily soluble in water. It is used for hypodermic injection in 20 per cent. solutions. Merck & Co., New York.

Thoughts for the Thoughtful.

A man should never be ashamed to say he has been in the wrong, which is but saying in other words that he is wiser to-day than he was yesterday.—Pope.

Power by Concentration.

(Grace Goodhouse, in the Camden Daily Courier, gives good advice to women on the importance of concentration, but her words apply equally to men and especially to doctors.—Editor).

Women who have achieved greatness and have gained power in the world, are not always free from small weaknesses it must be confessed, but the large majority of them have learned to concentrate their energies on the matter that concerns them at the moment, and not waste nerve and strength in useless movements.

Women of power are almost always calm and natural, and you seldom see them indulging in silly little gymnastics that come from nervousness or shyness.

The most difficult lesson for women—and the most valuable one—is to learn to think. Most of us can start out well, but after a few minutes, so restless and so fidgety are our minds, our ideas begin to wander off in another direction. Most women cannot concentrate their minds on one subject, and think deeply on that alone, for any great length of time.

But thinking can be learned by practice. If we take up one thought, concentrate our minds on it, and try to follow it for a time and practice this every day, we will soon learn to smile at the vagueness of other people.

We may gain in both force of mind and thoroughness also, by reading good, not dull books, going through the sentences slowly and thinking over one sentence before we rush on to another. In reading this way we can gain in half an hour more than the parrot reader would get in a week.

Don't get discouraged. It is often the last key of the bunch that opens the lock.

Not what we have, but what we enjoy, constitutes abundance.

The person who knows how to laugh, when to laugh and what to laugh at, has achieved a philosophy all his own.

A pessimist is a man who turns out the light just to see how dark it is.

Who chatters to you will chatter of you.

There is any quantity of gold in the land, but mighty few folks wants to pull off their coats and dig for it.

Count yourself happy in this world if you get just light enough to see ten steps ahead of you.

Winning by Working.

No man or woman has ever accomplished anything really great without working for it—and working hard. The belief that by the power of genius a man can produce a marvelous work, without labor or effort, is an entirely wrong idea. It is true that genius enables the possessor to achieve tasks far above the capability of the average mind, but the lives of famous men and women prove that their marvelous accomplishments were not wrought with ease.

Benjamin Franklin, Abraham Lincoln, Horace Greeley, Harriet Beecher Stowe, Rosa Bonheur were all children of poor parents. Their lives are records of unflagging perseverance and toil, by which they were enabled to triumph over great obstacles.

Of course it is true that there are cases in which genius is lavish in its outpouring, as was the case with Filton or Scott, but even in these instances it may be argued that the fame of such men rests chiefly upon those gems of literature which shows the most painstaking labor.

It is well for us if we let the examples of poor boys and girls who have become famous rouse in us the spirit of industry, of constant effort, of patience under disappointment and rebuff, for such qualities alone will enable us to achieve success.

Aim high then, and work to win, remembering that any life really worth the living must be a struggle against, and not a calm swimming with, the stream of circumstances. Nothing is really worth having which has not cost us dear. We may enjoy a pleasure which comes to us without effort but it is a short-lived pleasure of which we soon tire. That which is won by struggle is always more precious.—Grace Goodhouse, in Camden Courier.

Facetious Items.

The Newly-Fledged M. D.

The young medico soon after setting up for himself in practice met his old preceptor and asked him—

"Doctor, there is one thing I don't understand, and I wish you would explain it."

"Very well," said the old man, "state the case."

"Well, doctor," the young physician responded, "you remember that typhoid-fever patient whom you treated last summer when I was riding with you after I was graduated?"

"I do," assented the other. "You remember how you treated him?" "Yes."

"And he got well!" "Certainly."

"Well, doctor, I had a case just like that one; I treated the patient exactly as you did; and the man died!"

"Is it possible?" "Died, did he?"

"Yes he died; and I don't understand it. I wish you would tell me whate the reason was."

"What kind of a man was he, anyway?"

"Oh, he was a little fellow, all weasened and dried up and thin."

"You are sure he had typhoid fever?"

"Oh, yes, all the symptoms."

"And you treated him just as I did my patient?" "Exactly." "And he died?"

"Yes, and I don't understand it."

"Did you give him an emetic?" "I did."

"And bled him?" "Two or three times."

"And purged him?" Repeatedly."

"And wound up with calomel and jalap, ten and ten?" "Yes, sir."

"And he died?" "Yes. And now, what was the trouble?"

The old man leaned back in his chair, drew a long breath, and seemed lost in thought for a few minutes. Finally he spoke.

"H'm! doctor, do you remember the old sorrel mare I used to drive?" He did.

"Well, one morning in April, five or six years ago, I had to go out on the west road, through the woods and over the hills, some six or eight miles, to see a sick man. It was a warm morning, the frost was just coming out of the ground, and the road in some places was quite springy. Finally we came to a clayey piece of ground, and the old mare got stuck in the clay. The more she tried to get out, the deeper she got in, until finally she was in almost up to her belly. I tried the best I could to help her out, but the more I tried, the more I couldn't succeed. At last I called to some men who were plowing in the field not far away, and they came over and helped me. We got some rails from off the fence near by, put them under her body, and so pried and lifted and pulled away until finally we got her out."

Pausing a moment to take breath, the old doctor went on again:

"I didn't have to go over that road again for six months, and that was late in the summer, and the roads were dry and hard. But the moment we came to the place in the road where she got in the spring before, the old mare stopped short and obstinately refused to budge an inch. I touched her up smartly with the whip, but she would not go on that way. I got out and tried to lead her over but even that did no good. So finally I had to back her out of the road into the ditch, turn out into the fields, and let her go away around the place where the clay pit use to be, though now it was as firm and hard as any piece of ground on the road."

Here the old doctor ceased. His story was told, but young Esculap did not see the point.

"But, doctor, what has all that to do with my typhoid-fever case?"

"Young man, you were a good deal like that old mare. She had a most excellent memory, but d—d poor judgment. Circumstances alter cases, young man; circumstances alter cases."

A little girl wrote the following composition on men: "Men are animals what most women marry. They drink and smoke and sometimes swear, but don't always go to church. They are more logical than women, and also more zoological. Both men and women sprung from monkeys, but the women sprung further from them than the men."

Patient Wanted Advice That Suited Her, and Would Go Where She Could Get It.

"Doctor," she plaintively said, "I want you to tell me just what is the matter with me."

"There is nothing the matter with you," the doctor replied, after he had questioned her concerning her symptoms, "except that you need a good rest. Go away to some quiet place, where you can sit or lie around and be free from worry of any kind. You don't need medicine. It wouldn't do you any good if you took it."

"Where would you advise me to go?"

"Oh, you must suit yourself about that. There are plenty of places where you can go—any place that is quiet, where you can sit or lie around will do."

"Thank you. Do you think Atlantic City would be a good place for me?"

"No, don't go to any place like that. Select some quiet spot where you will not have to worry about dressing or anything of that kind. If you could go up into the woods somewhere, or if you could spend a couple of months on a Montana ranch, it would be the best thing in the world for you."

"Oh! Well, I've just had six new gowns made and if you can't give me any medicine that will make me feel better I shall go to some other doctor. I never did believe you knew anything, anyhow."

"Oh, Jim, mother would be that wild if she was to see you a-kissin' me."

"But I ain't a-kissin' you."

"Oh, I thought you was just goin' to begin."—Milwaukee Journal.

"Do these emotional actresses ever shed real tears?" asked Mrs. Grouch, between acts.

"Sure," replied Mr. Grouch. "Every now and then they hit a bum town and get a peak at the box office receipts."—Cincinnati Enquirer.

Charlie—The doctor says I have a tobacco heart. Madge—I knew it all along, dear. You always cared more for your old pipe than you did for me.—Judge.

Young Lady (coming in with partner from room where progressive whist is being played)—Oh, mummy. I've captured the "booby."

Mother—"Well, my daughter, come and kiss me, both of you."—Exchange.

"I wonder they don't raise chickens on ships."

"On ships! Now, where in thunder would they raise chickens in ships?"

"Of course, in the hatchway."—Baltimore Sun.

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Avoidance of shock and suffering enables us to treat safely and successfully those extreme cases of morphinism that from long continued heavy doses are in poor physical condition.

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SYMPOSIUM ON PNEUMONIA.

At the 147th Annual Meeting of the Society of New Jersey, at Spring Lake, June 10, 1913.

SPECIAL POINTS OF INTEREST IN PNEUMONIA IN INFANCY AND CHILDHOOD.

By J. FINLEY BELL, M. D.,
Englewood, N. J.

The term pneumonia is derived from the Greek word pneuno—lung. A more correct term would be pneumonitis, meaning inflammation of the lung. However the term pneumonia has become so general that it probably will remain the expression of a group of pathological processes occurring in the lung tissue known as lobar fibrinous or croupous pneumonia or the varied or ill-defined group of changes in the lung called catarrhal or broncho-pneumonia.

In childhood both forms prevail, while in adults the former prevails. In fact so rarely does broncho-pneumonia occur in the adult that it is looked upon universally as a disease of infancy and childhood, being uncommon after the seventh year of age, except in the debilitated and aged in whom there is a marked difference in etiology, prognosis, symptomatology and pathology from a broncho or lobular pneumonia, as observed in the child.

There are many sub-varieties of pneumonia designated either from supposed etiology, association, or location, such as, abortive, adynamic, alcoholic, apoplectic, aspiration or deglutition, bilious or intermittent, cerebral, cheesy, traumatic or contusion, cirrhotic, creeping or migratory, crossed, dissecting, embolic, erysipelalous, gangrenous, gouty, grippal or influenzal, hemorrhagic, hypostatic, acute and chronic

interstitial, larval, latent, septic or malignant, malarial, sewer gas, glandular, necrotic, pyogenic, tubercular, wandering, white or syphilitic.

In infants and children it may be stated in general terms that broncho-pneumonia occurs as a complication or sequel in the debilitated and those children affected with wasting disease, malnutrition, etc., while in the acute infectious diseases such as measles, pertussis, scarlet fever or diphtheria, either broncho or croupous pneumonia may complicate; or, as is commonly the case, the mixed type occurs, in which the pathological conditions of both croupous and broncho-pneumonia prevail in varying proportion and degree. This is notably true when there has been present a bronchitis with more or less edema. Moreover the apparent frank pneumonias of childhood are frequently the mixed type when occurring independently of other disease.

Larval and abortive pneumonias are invariably lobar in character and undoubtedly more common in childhood than adults. These cases are characterized by brevity of symptoms without definite physical signs and terminate by sudden drop in temperature and crisis without marked depression or by rapid lysis in from 24 to 50 hours.

A review of the anatomy of the infantile lung in contradistinction to the fully developed adult lung will assist in understanding the difference and diversity in pathology, symptoms and physical signs of the disease as it occurs in infants. First, it should be appreciated that in the infant the bronchial or tubal passages of the respiratory system as compared with the cellular portion is much greater in the infant than in the adult, and this relation gradually diminishes as the child grows until the seventh year to adolescence.

In reviewing the embryology of the respiratory system we find the post natal and infantile period merely one of the stages of development of the lung from the fetal to the adult. The respiratory system is developed from the entoderm and the mesoderm; from the former is derived the epithelium and from the latter the connective tissue elements. During the first month of fetal life a bud-like process is differentiated from the surrounding structures by the dipping down of the entoderm of the pharyngeal floor. This forms a tube which divides into two tubes, one long and large corresponding to the right bronchus and a smaller one corresponding to the left. The right tube finally divides into three tubes, one for each lobe of the right lung, and two tubes corresponding to the upper and lower lobes of the left lung. As development progresses further subdivision of the tubes takes place, not entirely, but for the most part dichotomously, until finally the entire bronchial system is developed; later the respiratory divisions of the bronchial tubes with their alveolar ducts and sacs, and lastly the alveoli are formed. During the early stages of development the epithelial lining of the alveolar sacs and alveoli is entirely of the fetal cell type; the flat epithelial cells are not present, until respiration has been established.

The predominating structure in the early fetal development of the lung is the mesoderm or connective tissue element, which gradually gives way to the rapidly developing tubular portions until finally in the adult lung it is restricted to the frame work of the lung and blood vessels.

The *blood supply* of the lung consists of two systems, pulmonary and bronchial. The pulmonary blood is received from the right side of the heart and carried through the pulmonary artery and vessels subdividing into minute vessels in the interlobular spaces supported by the interlobular connective tissues, where they divide. They then subdivide into minute vessels, each of which encircles an alveolus, in the walls of which they split up into a fine capillary network. The pulmonary veins begin immediately in this fine capillary network in the alveolar wall, unite into smaller veins and finally into the large pulmonary veins and enter the left auricle.

The *Bronchial System* comprises the bronchial arteries given off from the thoracic aorta, and in some instances receiving branches from the first intercostal and internal mammary arteries. These arteries

accompany closely the bronchial tubes, giving them their blood supply, also the walls of the large pulmonary vessels, the bronchial lymphatics, the connective tissue of the lungs, and finally end in the fine cellular capillary network where they anastomose freely with the pulmonary system.

The *Bronchial Veins* which, contrary to the rule, are somewhat larger than their corresponding arteries, empty into the azygos and pulmonary veins. It is claimed that the venous radicals from the ultimate bronchials empty into the latter, while those corresponding to the arterial branches of the bronchi and lymphatics empty into the azygos vein.

The *Lymphatic Supply* of the lungs has been divided into three systems—peribronchial, perivascular and sub-pleural. The small lymphatics arise in the alveolar septum. There are stomata opening directly into the alveolar cavity between the epithelial cells. Immediately in the submucous tissue they unite to form plexi, the ducts from which accompany the branches of the bronchia, as well as the pulmonary vessels, and finally empty into the bronchial glands at the root of the lungs.

The *Perivascular* system of lymphatics, as well as the sub-pleural, begin in the lymph-canalicular system of the alveoli, follow the course of the pulmonary artery and terminate in the bronchial glands at the root of the lungs, or join in the perivascular lymphatics in the interlobular connective tissue septa. These lymph channels are all provided with valves and have numerous sacculations.

With this brief survey of the development and anatomy of the lung we can more readily appreciate the pneumonic conditions as they occur in childhood.

Lobar Pneumonia may be defined as an acute infectious disease caused for the most part by the diplococcus pneumonia of Frankel, more rarely by Freidlanders bacillus, by the streptococcus or staphylococcus pyogenes, or by the bacillus typhosis or influenza. It is a noteworthy fact concerning the bacteriology of pneumonia that in by far the majority of cases the diplococcus of Frankel's is present in association with other micro-organisms, and in many instances is the predominating variety. This is a feature which is well worth remembering in connection with serum treatment of the disease. Keller estimated that about 60 per cent. of all lobar pneumonias occur among children and predominates in male children. Lobar pneumonia may

occur in childhood as an independent disease or may complicate other diseases, such as scarlet fever, influenza, rheumatism, nephritis, malaria, meningitis, measles, whooping cough and typhoid fever. Both the diplococcus of Frankel and the bacillus of Friedlander are found in the throat and mouth secretions of normal adult individuals. The bacillus of Friedlander is not found frequently in the saliva and throat secretions of children, neither is it found in the sputum in health or in the alveolar exudate in pneumonia of adults as frequently as the diplococcus of Frankel.

According to the writer's experience, the few cases of pneumonia in which the bacillus of Friedlander was demonstrated, the associated pneumococci exhibit less clinical malignancy than with other bacterial association. Since these organisms normally inhabit the upper air passages, there should be some explanation as to why they so rarely enter the lungs, or if they do so, are so rarely followed by exudate into the air sacs.

Recent experiments with the bacillus of whooping-cough have shown that the recently discovered bacillus of this disease locates among the cilia of the columnar epithelium of the trachea and bronchial mucous membrane mechanically, interfering with their normal wave-like motion. Is it not probable that in other infectious diseases locally effecting the upper air passages, bacteria not now recognized as causative factors, may locate and act in the same manner, and by interfering with the ciliary function, encourage the entrance of pathological or bacteriological substances into the deeper recesses of the respiratory system. Evidence in support of this theory is the form of pneumonia which usually prevails with pertussis, which selectively is a mixed type closely simulating in physical signs and symptoms the lobar type. The modification of the lobar type is probably due to the continuance of the pertussis which delays or interferes with resolution, plus the peculiar anatomical structure of the infant lung. So far the presence of the pertussis bacilli has not been demonstrated in the pneumonic exudate, and it is possible that they constitute the disabling factor in ciliary function and thus encourage the migration of other bacteria into the alveoli, which in turn gives rise to the exudate. Bacteria, thus entering the pulmonary alveoli can pass through the lymph stomati into the lymph capillaries and there form coagula. It would seem logical there-

fore to reason that the clogging of the lymph capillaries, thereby breaking down the approximate delicate blood capillary wall and thence invading the capillary blood stream, might easily account physiologically and mechanically for the alveolar exudate in the lung.

Reference to the infectious diseases, pertussis, scarlet fever and diphtheria; and noting the character of pneumonia which most frequently complicates them, teaches a valuable lesson in regard to the route of the pulmonary infection, and why in pertussis we most frequently meet a lobar or mixed lobar type of pneumonia, while in scarlet fever we usually find a lobular or a mixed lobular type is almost invariably the rule.

Pertussis is a disease with little or no glandular involvement. Here the lobar-type or mixed lobar type prevails and infection takes place by way of the bronchial tubes. There is little impediment to an entire lobe becoming involved if the ciliated epithelium in one of the larger tubes is disabled, allowing bacteria to readily invade the alveoli; enter the lymphatics through the stomati and cause a mass consolidation. On the other hand the last two diseases are accompanied by marked engorgement of the lymph nodes of the neck and upper mediastinum. The probable route of infection here is through these engorged lymphatics, either direct into the alveolar lymph capillaries or hematogenously from one or more of the engorged lymphatic glands. It is readily conceivable that an infection from this source is less direct and instead of a mass consolidation of the lobes, scattered lobular consolidation would be probable.

A form of pneumonia occurs in diphtheria of a certain type and should be noted in this connection. I refer to the laryngeal diphtheria, with respiratory obstruction. In this connection there occurs more or less collapse of the lung, due to the deficiency of air which can pass through the obstruction. When this becomes marked there will be formed inspiratory recessions above and below the sternum. The persistence of this condition, if permitted, will promptly eventuate in hemorrhagic exudate into the alveoli.

Until recently it was believed that lobar pneumonia did not occur in very young infants: we now know that it does occur in the first few weeks of life. A septic type with infarctions into the lungs, kidneys,

liver and suprarenals, occurs in the first days of life and is rapidly fatal.

Primary lobar pneumonia occurs frequently during the last half of the first year, but more frequently during the second. The right lung is most frequently involved probably because the entrance into the right lung from the upper air passages is larger and more direct, the bifurcating angle being much less acute. The lower right lobe is more frequently involved, next the lower left lobe and next the upper right lobe and last the upper left lobe. The middle right lobe is rarely involved.

Apical pneumonia in children is much more frequent than in adults. So also is double pneumonia.

Keller states that 60 per cent. of all pneumonia occurs in children and about two-thirds of these occur in the winter and spring months. Pneumonia may assume the properties of an epidemic, frequently attacking several members of the family or a school. There are some that believe that pneumonia poison can be harbored in a room, or building. Where these epidemics occur they are probably due to close contact with one who harbors pneumonia organisms in his upper air passages and distributes them by sneezing and coughing in close contact with other people.

Pathology—Whatever may be the nature of the bacterial invasion or through whatever channels pneumonia is transmitted, there is always fibrinous exudate in the alveoli, bronchi and lymph spaces. This is composed of epithelium, blood cells and fibrin. The consistency and color of the exudate varies. If there is a small amount of fibrin present the exudate may be fluid, in these cases there has been an antecedent catarrhal inflammation. The first stage is one of red hepatization which is preceded by serious congestion, followed by discharging of blood into the alveoli. The lung becomes more firm as coagulation takes place and it is heavy and solid. The stage of gray hepatization is next. The lung is airless and shows a granular surface, the so-called pneumonic granules which consist of the coagulum in the alveoli loosened by necrosis from the alveolar wall and lie in a fluid or semi-fluid capsule. In most cases the pleura is red and inflamed and there may be a serous exudate into the pleural cavity which is always thickened and covered with fibrin. In from five to ten days, if pneumonia pursues an ordinary, uncomplicated course, resolution takes place characterized by liquefaction of

the exudate which is eliminated by expectoration. In from fifteen to thirty days if recovery takes place, the lung may resume its normal functions and the alveolar wall is supplied with new epithelium cells. There may still remain some thickening of the pleural wall.

Gangrene and pulmonary abscess are relatively rare in children.

Bacteriology—The diplococcus of Franke is now supposed to be the etiological organism in lobar pneumonia. The diplococci have been found in the circulating blood by a few observers and indicates a grave condition in children.

The Symptomatology—The symptomatology of pneumonia in children closely approximates that of the adult. In infants and very young children, however, the diagnosis must be largely objective.

The first sign of illness may be a severe chill, which is frequently mistaken for a convulsion. This may or may not be preceded by indefinite illness of a few hours duration. Convulsion may usher in the disease or follow the initial chill. Delirium may be present from the onset and continue during the course of the disease and until resolution occurs, continued stupor, hebetude and cerebral symptoms, if present, cause much anxiety, particularly if meningitis is epidemic at the time. After the chill or convulsion the temperature rises rapidly and may reach as high as 106 F. (41 C). There is a harsh cough, with dyspnea, which always varies with the extent of lung involvement and its location. The dyspnea being more severe in apical pneumonia than in a corresponding invasion of a lower lobe. Patients with marked stupor and hebetude are more dyspneic than restless patients with the same degree of lung involvement. Young children are not able to localize pain.

More than one pneumonic child has been operated on for appendicitis, and a perfectly healthy appendix removed. Every child giving chest symptoms, notably on the right side, should have the abdomen examined. Conversely, every child with pain in the abdomen should have a thorough chest examination. Pulse, temperature and respiration ratio will here be of great service. Lack of costal respiratory motion on the right side would strongly suggest pneumonia and not appendicitis. Loss of diaphragmatic respiratory motion would, in the absence of diaphragmatic pleurisy, suggest appendicitis. In children rigidity of the abdominal wall may not occur with ap-

pendicitis. In infants unable to talk, palpation would probably be more valuable in diagnosis than in those patients able to tell you deceptively where their tenderness is. A rectal examination will frequently be of assistance. Abdominal pain, pallor, nausea and vomiting would suggest appendicitis. Face is usually flushed in pneumonia. Finally it must be remembered that appendicitis and pneumonia may co-exist.

After the fever has persisted for two or three days a false crisis characterized by a sharp brief drop in temperature occurs which promptly rises again and continues five to nine days, terminating by crisis or lysis. Dyspnea may not be marked at the beginning, but during the course of the disease it increases with dilatation of the ala nasi, depression of the peripneumonic groove and frequently recessions of the supersternal notch without evidence of laryngeal obstruction.

Nervous System—The nervous symptoms may be so severe with the onset of the disease as to render a prompt diagnosis between pneumonia and meningitis impossible. Frequently a lumbar puncture will be necessary in the early stages for differentiation. There may be rigidity of the muscles of the neck and opisthotonos.

Blood—Leucocytes range from 15,000 to 50,000, the polys from 70 to 90 per cent., the leucocytosis in broncho-pneumonia is less than in lobar pneumonia and likewise the differential count.

Physical Signs—There is little difference between the physical signs of pneumonia in children and adults. The process of securing and interpreting them differs materially. During the first stage there will be nothing found upon palpation. Fremitus may be negative. However, upon auscultation we may discover rude and rough respiratory murmurs more marked over the affected lung than the other. Careful search should be made for crepitant rales, they may be present over a small area, and only after coughing or crying. The axillary spaces should be carefully auscultated. The examination should be conducted with the child held over the nurse's shoulders in such a way as not to unduly restrict it and the entire chest area should be examined. There may or may not be slight dullness over the affected area. The dullness occurring at this stage usually has a tympanitic ring and is sometimes deceptive. This so-called tympanitic dullness is quite frequently found and as frequently over-

looked in young infants with thin chest walls.

Consolidation—As consolidation becomes manifest over the affected area fremitus, both vocal and tactile, is present. As consolidation advances dullness is more and more marked. If there is pleural effusion flatness will be added to the pneumonic note. When the upper lobe of the lung is consolidated there may be an area of dullness in the lower portion of the cavity, particularly posteriorly with flatness. This is usually caused by an accumulation of fluid in the dependent part of the chest. Above there will be bronchial voice and respiration. A large effusion in the chest will mask the respiratory murmur and diminish the voice sound.

Resolution—One of the first signs is the rale redux. It is not as distinct and does not occur as extensively as in the adult. It frequently does not occur as early, sometimes not until the temperature has been normal for several days. Fremitus gradually diminishes and becomes normal. The percussion note becomes less dull. The return of the voice and breathing sounds to the normal may require days and weeks. This delay is due to pleuritic thickening and to a latent congestion or hyperemia.

Complications—Otitis is a frequent complication of pneumonia. It may be present in any stage of the disease. I have found it present with the initial symptoms. It frequently occurs during the first four or five days and is characterized by restlessness, rolling of head, sometimes rigidity of neck and other meningitic symptoms. It is frequently, but not invariably accompanied by rise in temperature and increase in pulse rate. Occasionally the attack of otitis will be apparently painless. In the painless cases spontaneous discharge from one or both ears may occur with or without a previous rise of temperature. With every acute illness in children the ear should be examined carefully. Mastoiditis does not frequently follow pneumonia otitis, when it does it constitutes a very grave complication. Meningitis may occur at any stage of the disease, in fact it may usher in the disease. Cerebro-spinal meningitis caused by the diplococcus pneumonia is much more serious than meningococcus cerebro-spinal meningitis. Lumbar puncture may be required to establish the diagnosis and etiology.

Pleurisy With Effusion—In the large majority of pneumonias there is more or less pleurisy. It is doubtful if pleurisy is

ever absolutely absent. Many children recover without apparent demonstrable fluid in the cavity. Frequently it will disappear with the disease. However, when it persists it is likely to become purulent. It may be purulent from the beginning; on the other hand it may remain serous or sero-fibrinous for a considerable period.

Treatment—Treatment of pneumonia in children should be simple but carefully and individually directed, and laid out under the following four heads:

I. Medicinal: (a) cathartics; (b) sedatives; (c) stimulants; (d) serum therapy.

II. Hydrotherapeutic.

III. Dietetic.

IV. Hygienic.

The doctor should approach his little pneumonic patient with an open mind uncumbered by cock-sure remedies and routine procedures. I find it generally a good plan to empty the intestine with either castor oil, calomel with milk of magnesia or podophyllin and soda.

Hydrotherapeutic—Sponge baths of water at 21 C—32 C or 41 C (70—90—107 F) I usually begin with temperature 32 C (90 F) to 40 C (109 F).

Mustard is frequently dissolved in the bath to the extent of a good straw color. The bath is carried out systematically under blankets in a warm room. Vigorous hand rubbing is continued during and after the bath until there is a thorough reaction. The frequency, length and temperature of subsequent baths are determined by the reaction and condition of the child.

Dietetic—The diet must be selected in accordance with age and needs of the child. The previous methods of feeding, if successful, should be followed as closely as possible. In the very young we are limited to fluids exclusively. Mortality in breast-fed babies I am sure could be reduced if the fact was generally recognized that a dyspneic baby cannot avail itself of a sufficient amount of nourishment by sucking without subsequent exhaustion. The mother's breast should be pumped and the milk fed by dropper or Breck feeder. The same plan should be followed with the formula if on artificial food. In older children I depart from fluids and give cereals, bread and butter and eggs. I have frequently seen a pneumonia patient sickened to death, relieved by vomiting leathery milk curds. Patients should not be overfed. Tympanitis is a most unfavorable development.

Hygiene—I have found it advantageous

to treat all my pneumonias more or less in the open air. If it can be arranged they are put out on a piazza with ample covering incorporated with hot water bottles. They should be brought in for baths. I have frequently seen the pulse, temperature and respirations drop markedly with comfort to the patient within half an hour after exposure to cold air.

The nurse should be patient, even-tempered and not disturb the patient unnecessarily. A fussy nurse, a stuffy room and a stuffed belly is a trinity that will challenge the endurance of the strongest patient.

Medicines—Cathartics have been mentioned. Sedatives are serviceable for pain and harrassing cough. Paregoric is specially suitable for this purpose, codeine and heroin may be used. The less of either the better.

Stimulants—Indiscriminate use of stimulants has probably increased the mortality of pneumonia more than any one agent in treatment. One of the most pernicious practices is to give frequent hypodermic injections of strychnine during a crisis. The patient dies frequently as a result of the action of the drug upon his heart.

Professor Jacobi discovered this long ago. When stimulants are necessary I use caffeine for the low muttering delirious cases. Alcohol freely even in babies, and in a serious crisis digalen intravenously. Following Dr. Sajous' suggestion, I have used in a few cases 5 cc doses of normal salt solution every two hours, adding orange juice and egg white occasionally.

I have used anti-pneumococcus serum in two cases. In one of these antistreptococci serum was used in conjunction, because streptococci were abundant in the sputum. Large doses were given and the patient did well.

It follows that the earlier the serum is given the better the opportunity for favorable action. Vaccines can have no scientific place in the treatment of pneumonia. The phylacogens I have not tried; they are, however, open to the same objection as vaccines.

ACUTE LOBAR PNEUMONIA IN ADULT LIFE.

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In the past decade we have greatly reduced the prevalence of the acute infectious diseases. This has been accomplished by our modern sanitation, quarantine, iso-

lation, medical inspection in schools, prophylaxis and treatment. With all these improved methods at our command we have greatly reduced the prevalence of certain diseases, diminished the virulence of others and almost abolished some. Now what have we accomplished with acute lobar pneumonia?

This disease comprises almost 20% of all the deaths in New York City, and since 1890 has been steadily increasing. Whether this increase is a relative or a positive one is a question which at first seems easy to answer, but on closer investigation we find it quite difficult. Whether it is due to the fact that there are less deaths from the other acute disease, such as typhoid fever, which formerly comprised a large percentage of our deaths, or possibly that it is only a relative increase and that the total number of deaths is not any larger to-day than 20 years ago. Osler says it is a real increase and calls it the "Captain of the Men of Death." Its average mortality is about 1.5 to 2.3% per 1000 persons living, so its importance cannot be over-estimated.

As the congestion of our large cities becomes greater there seems to be an increase in the relative percentage of pneumonia, why this should be is difficult to say, what the influencing factors are, is also difficult to tell; it is very likely due to the crowding in workshops and tenements; the air being less pure, and the lack of out-door exercise and work causing a diminished amount of resistance.

Alcoholism is a very great and important factor in lowering the resistance to, and increasing the mortality of pneumonia. The greater susceptibility of alcoholics is partly due to the manner in which they expose themselves to colds, which may easily terminate in lobar pneumonia. Delirium tremens often mask lobar pneumonia and it is best to examine the lungs of all suffering with delirium tremens. The increased death rate from lobar pneumonia in alcoholics is due to the lowered resistance and partly to their susceptibility to delirium tremens.

The pneumococcus of Fraenkel and Weichselbaum is most frequently found. It is present in the sputum, bronchial secretions, and can very often be isolated from the blood of infected patients. It is very prevalent and often found in the saliva of individuals free from pneumonia. This tends to prove that the susceptibility is greatly due to lowered resistance, which is

frequently demonstrated by terminal pneumonia following a severe bronchitis or other debilitating causes. It also proves the reason why alcoholics so often die of pneumonia. When the individual is in perfect health there is a great natural resistance to the invasion of the lungs by the pneumococcus. The lack of this natural resistance causes some individuals to be more susceptible and these often have recurrent attacks. One attack predisposing to recurrent ones.

There have been attempts made to produce a curative serum or vaccine from the pneumococcus, these have failed in the larger sense. The reason for this failure is that the serum is bactericidal and would therefore necessitate the injection of very large amounts quite early; now the diagnosis of pneumonia is not made until the pulmonary tissues are markedly invaded by the pneumococcus and the patient is then suffering from the profound toxæmia, which the serum cannot diminish. Paul reports good results with serum treatment but this has not been substantiated by other workers. Dr. J. Eyre, Bacteriologist to Guy's Hospital, London, reports favorable results with vaccines, if given early; he prefers autogenous ones, claiming that they increase the opsonic index and have a very favorable influence upon the results, producing the crisis earlier than is the case when vaccines are not used. There is an increased leucocytosis following the injection of vaccines.

Many cases of acute lobar pneumonia are due to mixed infections, but even in these the pneumococcus is the numerically predominating one.

The morbid anatomy of acute lobar pneumonia is well understood and should always be kept in mind when studying and treating this disease, as many of the apparently vague symptoms are easily accounted for when this is done. The underlying principle is the infection of the alveoli by the pneumococcus; the gradual filling up of these alveoli, thereby obliterating the air spaces so very essential to the oxygenation of the blood. The four cardinal stages are known to all and I will only name them: First, engorgement; second, red hepatization; third, grey hepatization; fourth, resolution. It is very important to know at just what stage of this pathological condition the lung is in, to intelligently treat the specific case. The anatomical distribution is given as follows in "Albutt's System of Medicine:" the right lung alone

in 50% of cases; both lungs in 10 to 20% of cases; beginning at the base in 75% of the cases, and at the apex in about 20%. The deep parts of the lung near its root is the site of onset in less than 20% of the cases; this type of central pneumonia is very difficult to diagnose especially before it reaches the surface of the lung. The pleurisy associated with lobar pneumonia is the cause of the severe pain accompanying the onset. The severity of the toxæmia is not always in proportion to the amount of lung tissue involved. It is remarkable how in some cases of a double lobar pneumonia the toxæmia is very slight in comparison to a central pneumonia which can hardly be demonstrated and in which the patient may be in a profound toxæmic state. It is this condition which impresses upon us the necessity of studying our cases clinically as well as pathologically, for the post-mortem examination cannot show the profoundness of the toxæmia.

The clinical course and symptoms are very familiar and in this short paper I can only briefly take up the more important ones. The onset is very sudden and is usually ushered in with a severe chill, lasting 15 to 30 minutes. Osler says that in no acute disease is the chill so constant and so severe. Vomiting quite frequently is an early symptom and ceases after the onset. Gastro-intestinal symptoms are not the rule with either the onset or course of this disease. Cough and pain are the next cardinal symptoms which attract our attention, the cough is of the short dry type not accompanied by the raising of sputum at the very start but gradually a tenacious yellow material is raised, it is very hard to expectorate, this increases in quantity and becomes blood tinged and then brown in color, so well described as "prune juice." The pain accompanying the coughing and deep respirations is due to the involvement of the overlying pleura, causing a dry pleurisy with its associated pain. In central pneumonia the pain is often absent until the consolidation reaches the pleura. The pain is always on the side of the involved lobe.

The temperature usually rises very suddenly and if taken immediately after the chill is found to be 102° F. or higher; within 12 hours there is a gradual rise to 103° F. or 104° F. or even higher. If this high temperature rises very quickly it is a sign of a good reaction on the part of the patient; on the other hand a slow gradual rise extending over more than 36 hours,

is a sign of a poor reaction. The reason for this is that the fever is caused by the toxæmia and the patient's ability to cope with this toxæmia is expressed in his reaction in fever. The degree of temperature is also an index to the virulence of the infection. So a high temperature should be considered as a pronounced reaction against an infection or as a very severe and virulent infection. Dr. Eyre states that: "In some recorded cases the pneumonia has been apyrexial throughout; the prognosis is then generally hopeless." Low temperatures are not infrequently seen in alcoholic patients and these are very unfavorable cases.

The respirations are usually characteristic in being short, shallow and rapid, and there is a hesitancy on the patient's part to take a deep inspiration due to the pain. Dyspnea is almost a constant symptom, and at times the respirations may reach 50 per minute, although, 30 to 40 is more often the rule. The sputum as has been described is at first yellow and very tenacious then becomes blood tinged and gradually darker, more profuse and "rusty." Microscopically it shows leucocytes, mucus corpuscles, red blood cells, bronchial and alveolar epithelium, elastic tissue and pneumococci.

Pulse rate is usually 100 to 120, full, and bounding. The blood pressure about 130; when the blood pressure falls below the pulse rate it is a very dangerous sign and indicates the need of stimulation. Rose now found the pneumococcus present in the blood in 132 out of 145 cases examined. Prochaska in every one of 50 cases examined; showing that a bacteriaemia is a constant condition. The leucocytosis is very important in pneumonia, it increases the opsonic index and has a favorable action upon the crisis. It usually disappears with the crisis and varies from 12,000 to 40,000.

Of the cases which recover 60% fall by crisis, 30% by lysis and in 10% the fall is atypical. Very often there is a precritical rise followed by a fall. In one case seen by the writer there was a precritical rise from 104° F to 106.4 F, then a fall within six hours to 97° F, the temperature again rose within two hours to normal and remained so. The crisis most frequently takes place on the seventh day, then the fifth, sixth and eighth in the order named. In more than 90% of cases it takes place before the ninth day. (These figures were taken from Albutt's system of medicine). The date of the crisis is greatly influenced

by the degree of the toxæmia and the patient's ability to react to this toxæmia. When the fall is by lysis it may take three days to reach normal, and it is not always a gradual one, but has interruptions of high and low temperature. Dr. J. Eyre states that the more rapid and complete the crisis the less likelihood is there of any septicæmic complications and the more quickly will the lungs clear up; on the other hand the slower and more imperfect the lysis, the more certainly are such complications present and the greater will be the time taken by resolution. In cases which fall by crisis there is a marked leucocytosis with an increase of the opsonic index, this is nature's way of elaborating an immunity and combating the disease; these phenomena cause a favorable prognosis. When the temperature falls by lysis there is usually an absence of a leucocytosis with a diminished amount of available opsonins; the prognosis is then poor.

The physical signs will be considered very briefly: Inspection: The patient usually rests upon the affected side. Movement is much less on the affected side with an increased amount upon the opposite side. Breathing is rapid and shallow with a dilatation of the nostrils on each inspiration. Palpation: Lack of expansion on the affected side; plural friction may occasionally be felt; vocal fremitus is greatly increased. Percussion: Varies from dullness to absolute flatness. Auscultation: The sounds vary and depend upon the stage of the disease, usually the breathing is described as tubular or bronchial with large moist rales immediately surrounding the bronchial breathing. The voice sounds are very distinctly heard, even to the lowest whisper. The whispered voice is of great value in diagnosing consolidation.

The diagnosis of lobar pneumonia is not difficult as a rule; at times, as in a central pneumonia, it may be very difficult until the consolidation becomes more marked and superficial. Of late the X-ray has been used as an aid in diagnosing these difficult central pneumonias. It must be differentiated from other acute pulmonary diseases; from acute abdominal diseases, such as appendicitis and perforated gastric ulcers; also from meningitis.

The complications are more to be dreaded than the disease. It may be followed by pleurisy with effusion and McCrea found it so in 1.6% of 7,868 cases examined. Empyema is more frequent some years than others and depends upon the

virulence of the pneumococcus. It is also more frequently a complication in children than in adults. McCrea found it present in 3.7% of his cases. Gangrene is extremely rare, so is abscess formation.

Quite frequently an old tubercular process is revived by an attack of lobar pneumonia. Relapses are more frequent in abortive cases, and great care should be exercised during the days immediately following the crisis. Convalescence is usually rapid in the average case of pneumonia.

The prognosis depends greatly upon the age and general physical condition of the patient; also upon his habits. It is very poor in those suffering from chronic alcoholism, diabetes, general arterio-sclerosis, chronic nephritis and chronic circulatory failure. Race seems to have some influence, too, for Osler gives the mortality at 25% in the white and 30% in the colored race. The immediate prognosis depends upon two factors as given in Albutt's System; first the resistance of the patient; second the virulence of the infection. These can be roughly estimated by the degree of leucocytosis and the opsonic index. There is also a relation between the extent of the pulmonary lesion and the prognosis, for the more lung tissue involved the poorer the prognosis. J. McCrea proved this conclusively. The mortality as given by him for 7,868 cases over ten years of age is 21.8%.

Osler says that pneumonia is usually an autoinfection and the rational prophylactic measures are to keep the teeth and mouth clean, also to keep in general good health and avoid all excesses, especially alcoholism.

COMPLICATIONS OF PNEUMONIA.

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Like all infectious diseases, pneumonia is subject to various complications, differing from other infections in localization as the pneumococcus shows predelection for certain organs and tissues, and in severity and degree, according to the virulence of the products of the pathogenic organism—the toxins—which are the result of the product of secretion furnished by the micro-organism, inducing parenchymatous changes, degeneration of the protoplasm of the internal organs, fever, irritation, or paralytic phenomena of the nervous sys-

tem, increased excretion of nitrogen, and as a result the excretion of albuminous bodies, the albuminoses, in all instances there is found more or less degeneration of the cardiac muscle.

The complications, therefore, of the infectious diseases, with but few exceptions, are due either to direct involvement of the invading organism, or to the action of the resultant toxins, those due to the pneumococcus not differing clinically from the same conditions when excited by other bacteria.

Investigation has shown that pneumococci are by no means found alone in croupous pneumonia. They can be demonstrated in pleurisy, endocarditis, peritonitis, cerebro-spinal meningitis; in fact, in most any of the various inflammations that are of an infectious character, it may be without any involvement of the lungs, so that it is important to determine whether the condition arising is to be looked upon as a usual or an unusual occurrence, to what extent it modifies the clinical picture, and whether it is to be regarded as a separate process, accompanying the principal affection, or as independent of the latter. In recent years, when atypical forms of pneumonia are so frequently seen, and typical cases rarely, it is most important, though many times most difficult, to make the differentiation.

Pleurisy is the commonest complication of pneumonia; so frequently present is it that some of the older writers regarded it as a normal part of the disease, rather than as a complication, and it was believed by them to be due to extension of the inflammatory process by continuity of surface. We now know that almost all cases are due to the invasion of the pneumococci; though rarely it may develop, as Dieulafoy puts it: "As a contact lesion from the pneumococci focus;" and McPhedran, in *Sajous Annual* for 1908, says: "Pleurisy often results from extension of inflammation from other organs, especially the lungs."

Fortunately, in these complication cases of pleurisy, effusions are comparatively rare, as indicated by a study of six hundred cases of pneumonia occurring in the Presbyterian Hospital, New York, and reported by Drs. Tuttle and Carter, in which they found but ten cases of pleurisy with effusion, though eighteen developed empyema; indicating, as had been previously observed, that the pneumococcus, which rarely causes suppuration in the lungs, very fre-

quently does so when it attacks serous surfaces. This applies particularly to children, a large per cent. of cases of empyema following pneumonia in them being due to pneumococcus infection, while in adults most of the empyemas are due to streptococcal infection.

The next most frequent, and always serious complications, are those connected with the heart and vaso-motor apparatus, either as peri-endo-or myocarditis, or marked lowering of the blood pressure, though it is well known that the cardiac muscle is more or less affected in all cases, yet it is a condition to which sufficient attention has not been given by the pathologist. Works on pathology, while devoting much space to changes occurring in the lungs, discuss the heart conditions very briefly, though the clinician fully realizes their importance; for, no doubt, most of us have been forcibly reminded, that it is a condition always to be reckoned with, by the sudden taking off of our patient towards the end of many of the infectious conditions, or even when convalescence seemed well under way; so unexpected, sudden and appalling as to appear to have been almost mysterious, until the affections of the myocardium were better understood.

Referring to the scant attention too often paid to myocardial conditions, Van Leyden truthfully says, "The study of valvular diseases of the heart, since the discovery of the more exact methods of physical diagnosis, has occupied so much attention that myocardial processes have been forced into the background." That this is true is frequently demonstrated by the physician in his estimation of the condition of the heart, not only in pneumonia, but in all of the infections, for in all febrile conditions systolic cardiac murmurs are frequently heard, and, though much importance may be attached to them, yet fortunately but few of them have any significance, so that the mere fact of a murmur being heard does not by any means indicate a structural change. Much more important is the character of the first sound and the presence of the so-called "gallop rhythm," conditions which cannot be misunderstood. Of the six hundred cases referred to, endocarditis occurred in but one case and pericarditis in five. Of 12,383 cases reported by Preble, pericarditis occurred in but 0.77%; Wells in 6,000 cases found but 19 complicated with endocarditis, or 0.3%; Norris, at the Pennsylvania Hospital, in a series of 500 cases, reports 5 complicated

with endocarditis, so that it may be safely stated that endocarditis does not occur as a complication of pneumonia in more than 1% of all cases, though the statistics of Osler, who found it present in 16 out of 100 fatal cases, confirms our ideas as to its gravity. Pericarditis is of more frequent occurrence, varying from 2 to 4% according to different observers. The average mortality of cases with endocardial conditions is given as from 90 to 95%, while the pericardial cases show a mortality of 15%. Judging from the anatomical relationship of the pericardium with the endocardium, without at this time going into details, it is quite probable that the conditions are more often combined than is supposed.

Meningitis is undoubtedly the most serious complication of pneumonia. Jurgenson says that it is invariably fatal, and Osler says that he has never seen a case recover. In suspected cases great care should be observed in differentiating true meningitis from the conditions referred to as meningismus, and believed to be due to an irritation of the meninges from toxæmia, congestion, or oedema, without actual inflammation. Some cases closely simulate a true meningitis, even to having a positive "Kernig" sign, which sign, by the way, is not pathognomonic of meningitis, nor does its absence preclude a meningitis. The most reliable means of diagnosis is the Quinke puncture, and examination of the spinal fluid. If bacteria and leucocytes are found, there can be no longer any doubt as to the condition. If found to be a true meningitis, there is little to be done except to promptly send for the clergyman and later write the death certificate.

Delayed resolution may be said to be an elastic term, for, just what constitutes a delay, depends entirely upon the judgment of the observer; not infrequently it means tuberculosis, though we constantly see cases with the signs of consolidation continuing for weeks, and ultimately undergo perfect resolution. Cabot says, "Unresolved pneumonia is mostly a myth; in the majority of cases it spells empyema."

Nephritis as a complication of pneumonia is not frequent. Preble reports a series of 13,591 cases with 178 cases of acute nephritis complicating, or a little over 1½%, albumen and casts are usual during the course of the disease, but should not be considered as constituting a true nephritis, but due rather to toxic-degeneration of the renal epithelium, so that it is often a nice question to determine just

where to draw the line; though it is reasonable to conclude that if it is but a temporary condition, incident to the toxæmia of the disease, the casts and albumen should disappear a short time after the crisis; continuing long beyond that period, it should be accepted as evidence of a true nephritis.

In 424 autopsies reported by Kerr there were 8 cases of abscess of the lung, or about 2% of the cases going to autopsy. The clinical cases going to abscess formation, present symptoms similar to those of an empyema. Abscess rarely occurs in the cases ending by crisis, but when found, it is as a rule in long drawn out asthenic cases. I recently saw a case of abscess of lung complicating pneumonia which had been properly diagnosed; later it ruptured into the pleural cavity, the patient was tapped, a large quantity of pus removed and a revised diagnosis of empyema was made; coming to autopsy there was found a large lung abscess with the pleural opening. A more usual termination is rupturing into the bronchia, and the contents expectorated.

Gangrene of the lungs follows pneumonia less often than does abscess. Hensel, in 5,000 autopsies, found gangrene in 83 cases. Fortunately, the duration of life in these cases is not long, as it is a most distressing condition, and the treatment principally palliative; but few recoveries having been reported.

Gastro-intestinal disturbances, particularly tympanitic distention of the abdomen, is a serious complication, not only because of its interference with respiration and heart action, but as indicative of profound toxæmia, which gives rise to a parietic condition of the musculature of the intestinal walls. The mortality in cases in which it is marked is about 50%.

Jaundice is frequently a serious complication, its association constituting what was formerly referred to as "bilious" pneumonia. When of gastro-intestinal origin it is not so serious; it is the so-called hæmolytic form that is to be feared. In these cases there is a marked toxic hæmolysis, with resultant disturbance of the functions of the liver. The gravity of these cases is indicated by the mortality, which is about 60%.

Hemiplegia occasionally occurs as a complication. I have seen two such cases, both in males over 50 years, with atheromatous vessels. In these cases the paralysis was too transient to suggest an organic origin, and besides, cases of this character coming to autopsy do not show any demonstrable

organic changes. It is supposed to be due to some disturbance of the cerebral circulation, consequent upon the lung condition, inducing changes in the vessels similar to the changes described by Charcot, as occurring in the so-called "intermittent claudication."

Post-febrile delirium, while not peculiar to pneumonia, yet I believe occurs as a sequel more often than found in any other disease. I recall having seen four cases, three of them maniacal, following severe attacks of pneumonia. I cannot recall a single instance, at least of any severity, following any other febrile affection. It is said to be, and probably is, due to extreme debility, as it generally promptly improves under active stimulation.

Without further enumerating, the complications that are liable to occur in any infection may occur in pneumonia. The all important point to be borne in mind is the damaging effect of them all upon the circulatory apparatus, the heart and vaso-motor system, particularly the latter, for recent investigations have shown that the vaso-motors are the first to fail in fatal cases; obviously our management should be towards combating the depressing effects of the complications, as well as endeavoring to eliminate the toxæmia. Though the propriety of such a course is apparent, yet, because of mistaken ideas regarding the action of certain drugs, many physicians, persisting in their administration, not only fail to derive any benefit from them, but, on the other hand, distinctly add to the existing burden.

Recently, in conversation, a homeopathic practitioner related to me how he had just cured a severe case of pneumonia by administering *veratrum viride* throughout the disease, further stating that such was his routine treatment in all cases of pneumonia. He was, at least, consistent, for that sort of therapeutics is certainly a practical demonstration of Hahnemann's theory of "*Similia similibus curantur*." But, was he aware of the fact that the physiological action of his supposed remedy was to induce the precise condition to be feared, and from the results of which all fatalities are due, affording good illustration of a patient recovering, not by the aid of the doctor, but in spite of the doctor, or, perhaps the patient may have escaped for the reason suggested, years ago, by the late Professor George B. Wood, who, in commenting upon some irrational homeopathic treatment, said, "The doctor only escapes the crime of

manslaughter by the absolute nothingness of the dose." I fear, however, that this depressant treatment of pneumonia is not limited to irregulars, for I have heard many regular physicians, and recently too, extol the virtues of the use of cardiac sedatives in pneumonia, most of them, 'tis true, limiting their use to the early stage; and, even though given only at that time, it is altogether probable that their depressant effect is felt throughout the disease, both on the cardiac muscle and on the vaso-motor mechanism. The theory of the action of the sedatives, especially as generally applied to the action of *veratrum*, of bleeding a man into his own vessels, by dilating the vessels and depressing the vaso-motor centre, may be all right theoretically, but practical results do not warrant its continuance; far better to bleed into the basin, for venesection in properly selected cases, and at the proper time, has its field of usefulness, but, the so-called internal phlebotomy, *never*, the results of which should be combated, and not induced, for, if we are not in too much of a hurry, the toxins of the disease will sooner or later induce the same condition, usually with disaster to the patient. So that, and I think I voice the sentiment of the best minds in the profession, the administration of cardiac sedatives at any stage of pneumonia, is deceptive, unwarranted, and should be abandoned, as being positively dangerous practice, and may be rightly regarded as constituting a serious, self-imposed complication.

THE PATHOLOGY OF PNEUMONIA.

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A paper on the pathology of pneumonia limited to twenty minutes in presentation can hardly do more than outline the main points of our present knowledge of this subject. Rather than simply outline those points well established and generally known, it will probably be more interesting and instructive to notice particularly some of the problems especially attracting the attention of present-day investigators. To do this we must confine ourselves to brief statements.

Acute pneumonic processes used to be considered pretty definitely divisible into two distinct forms, the lobar, or croupous, and the lobular, or broncho, or catarrhal. This general division still holds, though the atypical cases appear to occur with much greater frequency and though the path-

ology, more particularly the etiologic pathology, of the two forms have very much in common.

Considering simply acute lobar pneumonia, the pathologist, especially the bacteriologist, is at once confronted with the fact that he is not always dealing with the same infection. Doubtless the majority of cases of acute lobar pneumonia are the result of infection by the diplococcus lanceolatus of Fraenkel and Weichselbaum, the so-called pneumococcus. But though Fraenkel at first believed this to be the sole infection causing lobar pneumonia, Weichselbaum and many since have shown that the bacillus of Friedlaender, *B. typhosis*, *B. coli communis*, streptococcus pyogenes and other organisms may produce practically typical lobar pneumonia. And Schottmüller¹ has reported five apparently typical but fatal cases in which the streptococcus mucosus was obtained in pure culture. These cases, however, are rather the exception, and the really typical cases of croupous pneumonia are doubtless more often primarily an infection by the diplococcus lanceolatus.

And the more thoroughly this infection is studied the stronger seems the evidence that it is probably always a general infection with the pneumococci present in the blood and other parts of the body rather than simply, as once thought, merely a local infection of the lung. Prochaska² found the pneumococcus present in the blood in all of 38 cases studied. Rosenow³ found them in 130 out of 145 cases; both believe that they are constantly present and that success in finding them depends on laboratory methods. Wiens⁴ has found them in 26 out of 33 cases and likewise believes their presence practically constant. He has found them present in the blood 24 hours after the disappearance of fever and observes that a large number indicate a grave prognosis, but that some cases with marked nervous symptoms, indicating high toxicity of the infecting strain of organisms go on to fatal termination with but few organisms free in the blood. Roedelius⁵ has found the blood infected in 20% of over 300 cases in life and 75% of about 70 post mortems. He has found a direct relation between the number of bacteria in the blood and the severity of the disease, and has found them to appear and disappear repeatedly in the same case. Dochez⁶ has found them in 50% of 37 cases. The course of the disease in those affected was more severe than in those in

which the organisms were not found. Seventy-seven per cent. of the patients with positive findings died and 79% of those with negative findings recovered. In the fatal cases the number of organisms was much increased in the later stages of the disease. In fatal cases that did not show organisms in the blood the end was characterized by a rapid spread of the pneumonic process in the lung. Likewise the symptoms of collapse sometimes developing on the 5th or 6th day were characterized either by the invasion of the blood by the pneumococci or by a rapid spread of the process in the lungs.

These investigations would seem to be sufficient to prove that in at least every severe case of pneumococcus pneumonia we have to deal with a bacteremia with its concomitant possibilities instead of simply a local infection as once supposed.

In very many cases the infection of the lung is apparently secondary to that of the blood. Lemierre⁷ and others report two cases of severe constitutional symptoms with no physical signs in the lungs. A tentative diagnosis of typhoid was made, but the Widal was negative, and on the 4th and 8th days respectively pneumococci were found in the blood. They point out that in lesions limited to the alveoli the infection must almost of necessity be hematogenous. Boullouche reports a case of primary pneumococcic arthritis and myositis developing pneumonia five days later and pneumonia has been observed in an infant at birth from a mother suffering at the time from the disease. The only possible avenue of infection was through the blood.

It has been suggested that the blood or general constitutional infection previous to localization in the lung may really account for some of these so-called central pneumonias in which physical signs, though painstakingly sought for, cannot be found till two or three days after the onset of symptoms. In other words that there really is no pulmonary lesion previous to its discovery. This would seem especially probable in those cases in which the consolidation develops in the thin apical portions of the lung where it could scarcely have been masked by overlying normal tissue.

The role of the lymph in transmitting infection to the lung seems to be less definitely proven except the part played by that portion of the lymphatic system engaged in the processes of absorption from the stomach and intestine and which, by way of the thoracic duct, empties the substances

absorbed directly into the blood about to be pumped to the lungs. That this is fact rather than theory has been demonstrated by Calmett⁸ and others by introducing virulent pneumococci into the stomachs of guinea pigs, killing the animals in 24 hours and finding pulmonary congestion and the organisms present in the lungs. In like manner finely divided particles of carbon were absorbed and recovered in the lungs.

But however strong the proofs that some cases become infected through the lymph stream, and still more through the blood, it seems apparent that the majority of infections are directly or indirectly due to inhalation of the virulent organisms. Nenniger⁹ has proven, by making guinea pigs breathe a spray of an emulsion of *B. prodigiosus*, that bacteria can pass from the air passages into the lungs. And Lamar and Meltzer¹⁰ produced fibrinous lobar pneumonia in dogs by intratracheal injections of cultures of pneumococcus. But ordinarily, though pneumococci are found in the pharynx of probably 20% of healthy individuals, the percentage varying according to season, presence of epidemics, etc., a long list of investigators agree that the lower respiratory tract and alveoli are practically always sterile. Some observers, as Paul, believing that the lungs exert a distinct bactericidal action, like that for instance of the nasal secretion.

In any of these modes of infection, probably especially that by inhalation, a diminished local resistance seems essential to infection—in fact seems to be the great determining factor. Paul found that the guinea pigs previously chilled were infected by doses of culture much smaller than doses required for those not so treated. And the predisposing action of chilling, or local or general trauma, or any factor lowering the local or systemic vital resistance, is too well known by the clinician to need more than passing mention.

It is equally well known that different cultures of pneumococci vary greatly in virulence according to whether secured from healthy or infected individuals, during or between epidemics, or before or after crisis, and cultures secured one year vary from those of another year—variations such as are found in few other pathogenic bacteria, and which account probably in large measure for our failure, so far, in developing an efficient antitoxin. For though the serum of a patient who has recovered protects against infection from the same strain, against other strains of pneu-

mococci it may have little or no effect. Dochez¹¹ tested the protective power of a univalent serum against nineteen strains of typical pneumococcus and against four strains of closely allied organisms. The serum manifested some degree of protection against twelve out of the nineteen typical strains, but none against the atypical. In eight the degree of protection was high, in three low, and in one very slight. Other observers have obtained similar results. Indeed variety seems to be the chief characteristic of pneumonia.

The actual cellular pathology of the lung in typical acute lobar pneumococcus pneumonia is too well known to need more than the briefest outline. Like everything else connected with pneumonia it varies considerably, but may be described typically as consisting of four stages: engorgement; red hepatization; gray hepatization, and resolution. The first is simply an inflammatory hyperemia; in the second, the lung is swollen, heavier and firmer than normal, pits on pressure, and is somewhat friable. The capillaries are greatly congested, the lining epithelium of the alveolar spaces swollen, and the cells in all stages of proliferation and desquamation. The exudate contains a majority of red blood cells, but many leucocytes are present with desquamated epithelial cells enmeshed in fibrin—the so-called "catarrhal cells." There is also round-cell infiltration about the blood vessels of the interlobular septa. This stage passes imperceptibly into the third, or stage of gray hepatization. In this stage the lung is quite airless, friable, heavy and will sink in water. The bronchioles of the affected area are usually blocked with fibrin. The alveolar walls are compressed and the capillary channels are obliterated. The exudate is made up almost entirely of leucocytes and fibrinous threads with occasional red blood cells and catarrhal cells. By appropriate staining the fibrin threads can sometimes be seen passing through the stomata in the alveolar walls from one alveolar space to another.

When resolution begins the fibrin breaks up and becomes granular, the leucocytes show advanced fatty degeneration and the lung begins to shrink. The capillaries gradually become permeable and the leucocytes undergo autolysis. Later the alveolar epithelium is regenerated.

The exudate is removed partially by expectoration, but chiefly by the lymphatics. A true lymphangitis and peri-lymphangitis may occur and the framework of the lung

be profoundly involved in the inflammatory process.

In about 52% the consolidation is on the right side, in 33% on the left, and in 15% in both lungs. When both are involved the process is frequently farther advanced in one than in the other. The lower lobes are usually the affected areas. The parts of the lungs not consolidated also show changes. They are usually much congested and may show local compensatory emphysematous dilatation of the alveoli. The tendency is for a whole lobe to be involved, but various atypical forms are common—as the so-called “central pneumonia,” where the consolidation begins about the hilus; the “creeping” form, in which consolidation is taking place in one part of the lung while resolution is taking place in another part; and “apical pneumonia,” the consolidation remaining confined to a small area at the apex. This latter form Adami thinks should always raise the suspicion of tuberculosis.

Though the pneumonic consolidation may involve half, or even more, of the total respiratory area, there are very few cases in which this condition alone assumes serious aspect, or even in which it can be held responsible for the degree of cyanosis or respiratory embarrassment present. On one hand it is a well known fact that one-third of our alveolar capacity is sufficient for oxygenation of the blood under normal resting conditions, while on the other hand, as we have already mentioned, pneumonia with consolidation so small as to be located with difficulty, may be rapidly fatal. So that in practically every case it is the effect of the toxemia on the heart and vital centers with which we have to reckon. Until recently the general opinion has been that, of these, cardiac failure was responsible for fatal termination. But post mortem evidence fails to bear this out. Kidd,¹³ for eight years pathologist of the Brompton Hospital, London, says that the heart at autopsy seldom shows dilatation and little or no gross lesions. Kiralyfi,¹⁴ however, in experimental inoculation of guinea pigs, finds that the heart is especially affected. There is first a dilatation of the capillaries and arterioles, later capillary hemorrhage and edema into the heart muscle. But the pneumococcus is much more virulent for guinea pigs than for man, producing a general septicemia with profound changes in all tissues and death from overwhelming intoxication, without the definite pulmonary lesions of pneumonia. But though the cases are hardly

parallel, doubtless profound lesions are also frequently produced in the human heart muscle.

On the other hand the sphygmomanometer, now so deservedly popular, testifies to vasomotor paralysis as more probably the immediate cause of death. Gibson,¹⁵⁻¹⁶ Lambert,¹⁷ and others agree that the blood pressure tends to be below normal with more or less fluctuation during the course of the disease, while at the crisis there may be a sudden fall. But in favorable cases this fall may not occur at all, or if it does, is of brief duration followed by quick reaction and rapid return to normal. Kidd¹⁸ and others have observed in several cases a gradual fall in pressure for one or two days before crisis. Either a pressure considerably below normal, or a sudden fall, is of bad prognosis. Gibson has formulated a rough and ready rule which seems to hold very well in adults. It is that when the blood pressure in millimeters of mercury equals or exceeds the pulse rate per minute the prognosis is good—when it falls below, the prognosis is bad. In proving this rule Kidd found that the only case in which the pressure remained below the pulse rate died, though in another fatal case it remained above the pulse rate to the end, though not far above it. In elderly adults with arteriosclerosis or Bright's disease the prognosis might be graver than indicated. While in children with their lower blood pressure and faster pulse it would be better.

The pathology of the crisis in pneumonia presents many interesting problems not yet worked out. They involve the complex questions of immunity, and we can but touch on one or two points here. The following seem pretty well established: In the first place the crisis is due to the development of immune bodies in the patient. The patient does *not* suddenly throw off the infection, for the pneumococci, as we have seen, have been found in the blood more than twenty-four hours after the crisis, and still virulent, though according to most observers the virulence is diminished, and also, the lung is still consolidated. But the patient has suddenly become immune to the toxemia. The presence of immune bodies in the serum after crisis seems proven by the fact that infection of this serum into animals will protect them against several times the fatal dose of culture. In the second place we know that the toxin of the pneumococcus is an endotoxin, insoluble and remaining within the bacterial cell. Thus, as might be expected,

the antibodies generated are bacteriotropins or bacteriolysins rather than merely antitoxins. Again, endotoxins do not tend to stimulate rapid formation of antibodies, so that the formation of antibodies in pneumonia is not abundant. Some observers, however, (Neufeld and Haendel)¹⁹ believe that they are always found, and even that their quantity can be estimated. Exactly what they are is still in doubt. Lamar²⁰ has extracted relatively large quantities of lipoids and fatty acids from human lung undergoing resolution, and finds that under the influence of alkaline oleic acid soaps the pneumococcus is rendered more susceptible to the bacteriolytic action of the blood serum, especially to the action of immune serum. And it is this bacteriolytic action of the serum, rather than phagocytosis, which disposes of the invading cocci.

Neufeld and Haendel have also thrown a little light on the reason for the suddenness of the typical crisis. They have found that .2 cc., or 1/100 of their body weight, of immune serum will protect white mice from .1 cc. of culture—which is a million times the dose fatal to unprotected mice. With this quantity of serum the proportions and reactions are very constantly positive and definite, but when the quantity of serum is reduced below 1/100 of the body weight of the mouse, the ratio to the dose of culture rapidly changes and the protection furnished becomes much less certain. One-half or one-fourth the quantity of serum, for instance, furnishes much less certain protection against one-half or one-fourth the dose of culture—and a point is soon reached where the serum injection seems practically valueless. From this it would seem that practically the same thing occurs during the course of the disease in man—the immune bodies exerting very little action until they reach a certain concentration in the blood serum, when the effect of their presence is suddenly manifested. On this basis they advise that pneumonia antitoxin, to be of any use, must be administered only in large quantity and intravenously.

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TREATMENT OF ACUTE LOBAR PNEUMONIA.

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Too much has already been written on the subject of the Treatment of Pneumonia for me to attempt even a brief review of the more important measures that have received favorable consideration. Therefore, it would not seem improper that I preface my brief discussion of the subject, with the first paragraph of Dr. John H. Musser's contribution to the Treatment of Pneumonia, in Sir William Osler's "Modern Medicine," Vol. II, page 632.

"The historical consideration of the treatment of Pneumonia offers a gloomy retrospect. The sombre hue of which is not much lightened by the contemplation of the present. Ever since the days of antiquity, Pneumonia has been observed and studied, while one method of treatment after another has been vaunted with enthusiasm only to be abandoned in despair. The disease meanwhile pursuing the even tenor of its way with scant respect for the methods employed against it."

Comparing our present day methods with those referred to in the above retrospect, we can scarce be other than apologetic for the very limited knowledge of what we possess of how to prevent and cure one of the most common enemies of humanity. If past centuries have failed to do more than

condemn and abandon various treatments, present day recommendations fall far short of satisfactory conclusions, and at best offer only encouraging assistance. It is obvious therefore, in discussing the treatment of this disease, that there is little to be said of special interest concerning our present day methods of treatment, or particularly promising with reference to that of the immediate future. Hence I am in the unfortunate situation of having to undertake to reclothe in new garb, much with which you are already well acquainted. However, I trust I will be able to bring to your attention some generalities that are not receiving the consideration they deserve, and simplify somewhat the therapeutic measures which too often complicate the already complex manifestations of the disease. I shall also discuss very briefly one phase of the subject of vaccine treatment as it applies to the treatment of acute lobar pneumonia, and trust I may sufficiently emphasize my point of view, that it will at least occasion a free expression of opinion on the subject, from those present.

My position with reference to vaccine treatment in acute lobar pneumonia may differ somewhat from many of you, and what I have to say on this occasion, with reference to its employment, will be against, rather than in favor of it, and for that reason, it will be best, perhaps, that I discuss this particular division of my subject first, but before doing so, permit me to state that my remarks are directed against no particular person or product, and are intended to present my individual observations, and those with which I have been otherwise more or less familiar. The time allotted to this discussion permits little more than mere statements; hence the assertions that follow may seem somewhat short of sufficient argument to establish my claim. Nevertheless, this cannot detract from the fact: it merely reflects a deficiency in the support of it. My views briefly stated, are to the effect that I do not wish to unconditionally condemn the use of vaccines in the treatment of pneumonia, rather to protest against the unscientific methods now being used in their election, and also against the most active sources from which the average physician obtains his knowledge and information concerning their administration.

If vaccines are to be used at all in the treatment of pneumonia and other acute infections, they should be employed by skilled bacteriologists whose clinical knowledge

enables them to differentiate between action and non-action of the vaccine, as readily as they should be able to do between improvement and non-improvement of disease manifestations.

The reasons for this seem to me peculiarly pertinent, because both time and the strength of the patient are most important factors in the early direction of the treatment of acute pneumonia. If used with less precaution, the one responsible for their use becomes culpable of an unjustifiable act, as he would be in the administration of any other poison, of which he had only a like incomplete knowledge.

It cannot be conclusively argued that any one is justified in introducing into the tissues of another a substance of which he has but indefinite knowledge, and particularly is this true when the physiological forces of the one being treated, are already threatened with serious and possibly fatal derangement. If the above be true, is it not also applicable to the administration of vaccines? Certainly no one will claim a complete knowledge of either the nature, or the influence of any of the constituents of bacterial toxins. Therefore, reasoning a priori, it would seem that our manufacturing and organic chemists are either too precipitate in their methods used in inducing practitioners to use bacterial products, of unknown therapeutic value, or their enthusiasm has led them beyond the bounds of the patient's security.

It is true, we owe much to the persistent labors of this class of scientists, for they have made possible much in medicine that otherwise would never have been; but they, no more than we, should lose sight of the underlying principle, that health, not commerce is the object to be attained, and no preparation or remedy, regardless of future promise or costs, should be permitted to advance commercially faster than the scientist's knowledge, or the patient's security. In support of the above position, I ask your consideration of the views stated in an address by Dr. Theobald Smith, of Harvard University, delivered before the Philadelphia Pathological Society, and to be found in the American Medical Association Journal of May 24, 1913. In his concluding summary, Dr. Smith states:

"In any localized infection we must ask, is this a beginning process without attended immunity, or is it a residual process associated with general immunity? If the latter, vaccines may be considered safe. In processes associated with fever and bac-

teriemia, science commands hands off until we know whether we have a progressive disease with gradual undermining resistance, or a more localized affection in which the excursions into the blood are secondary. In any case the use of vaccines in these cases must be regarded as experimental, and should not be undertaken save in conjunction with one trained in immunologic problems. Judged from this point of view, as well as from the work of the laboratory as a whole, we should say that vaccines applied during disease will be rarely, if ever, life saving, but they may hurry a stationary or languid progress which tends toward recovery by bringing into play the unused reserves of various tissues."

In the above summary we have the latest words on the subject of vaccines by an authoritative bacteriologist, and so far as is known in bacteriological science, a law unto the practitioner, which he may accept as the latest declaration for the patient's safety and his own security.

Now returning to the first division of my subject, Generalities, I am forced to criticize, I hope not too harshly, the practitioner, who in the treatment of acute lobar pneumonia, is indifferent with reference to the supply of pure air and frequent administration of water, and whose contentment of mind in the continuous employment of antiquated and illogical remedies, is still uninfluenced by the laboratory investigations and teachings of the present day. He whose mind rests thus easily, would seem to have much to learn of nature's processes, and contributes least to the relief of his patients and their threatened mortality.

First: In the treatment of acute lobar pneumonia, it must be admitted that it is the individual rather than the disease the physician is called to treat, and that up to the present day, nature and not the physician, produces the curative remedy. This fact recognized, our duty is clear and simple.

Second: Nothing is more important in the progressive treatment of this disease than a superabundance of un-prebreathed air. If in chronic diseases, and for convalescing patients, it is universally admitted that pure air is the remedy par excellence, does it not seem strikingly strange this great advantage should be denied the acutely ill? Doubtless the fault of this situation lies in the omissions of the physician

rather than in the neglect or commissions of the patient.

For a more ready application, and a better understanding of the administration of drugs in the treatment of this disease, I shall divide the same into three divisions, namely:

(a) Those not dangerously ill,

(b) Those seriously ill,

(c) Those mortally ill, and again, sub-

divide them into sthenic and asthenic cases. In all sthenic cases, there should be no hesitation in the open-air treatment, and no physician should withhold or lend his sanction to any compromise that falls short of arranging modified exposures, that permit of free circulation of air in the sick chamber at all times. In asthenic cases, which occur most frequently in the aged and alcoholics, the feeble resistance present may require at times some modification of the above recommendation, but so great is the accumulative proof of the many fallacies which hitherto have been given as reasons against the employment of the open-air treatment as to make further question in the matter unnecessary. Suffice it to say that all cases carefully looked after and properly protected, are better and more safely treated in the open and freely circulating atmospheres than in any closed and imperfectly ventilated room where the pre-breathed air is an added menace to the patient. If the above recommendations are strictly adhered to, chemically prepared oxygen is rarely of any remedial advantage.

Forscheimer, of Cincinnati, in his treatise on "The Therapeutics of Pneumonia," states: "I do not hesitate to affirm that the fresh-air treatment is the most valuable contribution that has ever been made to the treatment of pneumonia.

Perhaps, too simple to the most of us to seem of importance in the treatment of this disease, is the free administration of water, but its great importance would soon be strikingly manifest if it were withheld in cases of pyrexia, hyperpyrexia, dry hot skin, rapid respiration, quick pulse, limited renal elimination—i. e., in any or all cases of overpowering toxins. Indeed there is no remedy more important or palliative to the incidentally disturbed metabolism than the frequent and free administration of cold water, and it should have greater consideration and more careful attention in the treatment of this and other acute infections than it at present has. Due consideration should be given, at all times, to

the possibility that sooner or later a distressed or impaired circulation is to be met.

This brings me to the third and last division of my subject, namely: a discussion of the drugs to be employed in conjunction with the measures above referred to. It is evident from the foregoing that the (a) class of cases will need but little, if any, treatment other than that of simple direction and protective nursing.

When the inflammatory symptoms present are accompanied with obstructive disturbances, associated with extensive bronchial hyperemia and an aggravated, harassing cough, I would advise the administration of full doses of citrate of potassium, or citrate of sodium in combination with from two to five drops of tincture of bryonia, and with from one-sixteenth to one-eighth grain of sulphate of codeia in solution at intervals of two to three hours, for a few days. It being understood that these remedies are to be administered for the purpose of stimulating rapid glandular elimination, liquifying the exudate, relieving the bronchial hyperemia and allaying the annoying and distressing cough. In the majority of cases they will accomplish this with less general disturbance and depression to the patient's vital forces than any remedies with which I have had experience. If pain should further complicate the disease, the administration of morphia may be necessary for its control.

Instead of using vasomotor depressants as aconite and veratrum viride—largely the same and even greater and more widely distributed benefits are to be obtained by the well-regulated use of mustard foot baths, which should be given with patient prone in bed and disturbed only sufficient to flex the limbs and raise the feet into the foot tub or pail appropriated for the purpose. The frequency and time occupied in its application should be regulated by the purpose to be served. The stimulation from the heat accelerated by the irritation of the mustard sets the reflex mechanism of the vasomotor system into activity in such a way as to freely open up the superficial capillary circulation, thus relieving the splanchnic system and the deeper organs of their early embarrassment with the least possible expenditure of vital energy, but as is true of most drug therapy, its employment is useless when the disease is so advanced that the incident toxæmia has already seriously impaired the reflex response and should be employed only in the

early days of the attack, or continued in the (a) division for palliative purposes.

Owing to the fact that I am speaking to qualified practitioners, I shall do no more than refer to prophylaxis as an important factor in the careful and safely conducted cases.

In passing to the (b) and (c) divisions we at once enter a more serious atmosphere. Fifty per cent. of these are already truly bacteriaemic fevers, the majority of which sooner or later pass into the stage of mild septicæmia, with rapidly disturbed pulmonary equilibrium, and serious cardio-vascular derangements. It is at this juncture that one recognizes grave dangers to be met, and thoroughly realizes that the treatment of this class of pneumonias is a "fight for life," and no doubt it is to this class of cases that Dr. Abraham Jacobi, of New York, referred when asked for the treatment of pneumonia, replied, "It takes brains to treat pneumonia."

The early administration of the alkaline mixture as previously stated, if (c) division case is seen within the first 24 to 36 hours, and it may be beneficial also to the (b) division, but after which time it is extremely essential, I may say, imperative, that one meet as nearly as possible, the indications as they arise.

Blood-letting, which has been one of the remedies from the early history of the disease, is still at times permissible in the very early and severely congested stage of robust, sthenic cases, but personally I would rarely recommend it. But there is, perhaps, no relief so positively advantageous as depletion by blood-letting in the class of cases where the venous and portal circulations are greatly overburdened, the right heart dilated and the general aspect of the case presaging grave danger. In other striking cases where grave disability threatens through rapid extension of the disease in the lung, and where poison from toxins is so rapidly accumulating that supportive treatment with digitalis, caffeine and strychnia promise nothing, the pulse continuing rapid but full, and accompanied with active delirium, it is also the only remedy of promise.

Again one may meet a case now and then where the above conditions are more or less present, save the presence of the full pulse, or active delirium, or both, and where the evidence of circulatory stasis is so great that to withdraw several ounces of blood and re-energize the vasomotor centers, by introducing intervenously, or sub-

cutaneously at stated intervals, normal salt solution, it may so effect the course of the disease that a hopeless condition will be changed into a promising one, and ultimately perhaps, into a safe one.

In all other cases my feeling is that depletion by blood-letting is unwarranted. Nature is to be supported and immediately assisted by the administration of drugs that promise the greatest benefit and threaten the least harm.

Unless one is sure the drug of choice will not be disturbing, directly or indirectly, withhold it. Don't jeopardize the patient's chances by inhibiting nature's forces. Indeed there are very few drugs that may be classed as helpful when the patient is mortally threatened.

Under such circumstances the patient's safety will be greatly conserved if those employed be elected from the list that is limited to digitalis, camphor, caffeine, strychnia, atropin, Hoffman's anodyne and morphia. All these may be administered hypodermically, which at such a time should be the method of choice.

Prognostically speaking, treatment should also include a daily study of the blood pressure in connection with the pulse and temperature. A blood pressure below normal is unfavorable, and if the pressure expressed in millimeters of mercury falls to or below the pulse rate, the condition is a serious one and active stimulation is indicated. It is a well known fact that a high leucocyte count in pneumonia is a favorable omen, and for this reason a daily or even more frequent record of the number of leucocytes should be kept, and in certain cases an effort made to increase them.

Several methods of treatment directed to this end have been advocated, and are under trial, among them the use of nuclein, the injection of leucocytic extract and the injection of substances intended to cause local inflammation or abscess formation. In my own practice nucleinate of soda in solution, used subcutaneously, though rather distressing to the patient, has apparently done good service. Twice has an apparently hopeless case been returned to the hopeful list and finally recovered.

And now, as to the future, what have we to hope for in the way of new and advanced treatment? Various laboratory workers are at present engaged in studying the infecting organism in pneumonia, the bacteria being obtained by means of lung puncture and subsequent blood culture. Many different strains of pneumococci

have been obtained, and of these the most virulent type has been found to be the pneumococcus mucoccus. Cases in which this organism has been obtained are usually fatal, even when the physical signs and early clinical picture would not cause expectation of a fatal outcome. This would go to confirm clinical observations that it is the toxemia due to the infecting bacteria which produces serious symptoms and not pulmonary exudate, although the latter, if extensive, may lower the patient's resistance. So the natural inference is that the treatment which promises most for the reduction in the mortality of pneumonia must be along the line of antipneumococcic serum. It has already been found that an antipneumococcic serum prepared by immunizing dogs with increasing doses of pneumococci obtained by lung puncture in cases of pneumonia will protect mice from a fatal outcome when inoculated with the same pneumococcus in sufficient dose to cause death in control animals, and various sera have been and are now being tried with some degree of success, but limited no doubt by the fact that there are so many different strains of pneumococci that it has seemed impossible to produce a serum that would be helpful in all cases, and there is, of course, no time to produce a serum in each case from the infecting organism, as was done in the experiments just mentioned.

Therefore, comparatively speaking, we can only hope that the laboratory will soon succeed in overcoming this difficulty, and will eventually produce a serum more universally applicable, by which the present mortality of pneumonia, as in diphtheria, will become a negligible quantity.

DISCUSSION.

DR. HOBART A. HARE, Philadelphia. To fully open the discussion of pneumonia in the brief space of ten minutes is manifestly impossible even if one limits himself to a consideration of croupous pneumonia. It is important to remember that while croupous pneumonia is practically always due to one micro-organism it is nevertheless very different in its manifestations in different persons. If it attacks the healthy, the problem is different from when it attacks those who are diseased. It is still different when it attacks the aged. Furthermore it not infrequently happens that those who are comparatively young in years are nevertheless aged in that their arteries and tissues generally have been prematurely aged by other infections, notably syphilis, or by the excessive use of alcohol. Last of all and perhaps most important is the croupous pneumonia which occurs as a complication of one of the forms of nephritis. The recognition of the

fact that pneumonia presents a different aspect as to treatment and diagnosis in each of these classes of cases is of importance. Furthermore it is essential that each type should be separated from its fellow because in some instances the prognosis is essentially grave or fatal, as when pneumonia attacks a far advanced nephritic or diabetic or when it comes as the final blow in old age. If such a separation is not made the physician will find that his judgment as to the value of treatment when the disease attacks a young and healthy person is badly warped by the failure of this treatment when it is applied to those who are actually aged or those who are prematurely aged, or, again, when it is applied to those in whom the prognosis is essentially grave because of the presence of some underlying disease in which pneumonia is the means resorted to by nature to remove from life one of the unfit. Then, again, it is important to remember that cases of croupous pneumonia may be divided into three classes, those which get well without treatment by drugs if the physician has good enough sense not to prescribe medicine, those who are inevitably doomed from the beginning of the attack never mind what is done, and lastly that class in which the patient will recover provided he is given the assistance which skilful therapy can give. The physician who institutes a plan of treatment and finds it fairly successful and then is discouraged when a series of cases die under the same plan finds that there is no need for discomfiture if the autopsy shows that a heart clot has made recovery impossible, or if, on the other hand, the urine during life or at autopsy reveals far-advanced nephritis. In other words, there is no disease in which it is so essential that the physician shall bear in mind pathology as well as therapeutics, and careful observation will reveal the fact that a very large proportion of cases of pneumonia are not primary, but secondary to some underlying disease which has sapped the patient's vitality, and therefore therapy has only half a chance.

A few words as to direct treatment. The mere fact that the patient manifests symptoms which are not in accord with health does not indicate treatment. These symptoms are indicative of an illness and are as natural as the movements of a ship in a storm. It is often a mistake to attempt to control them unless they become excessive. If pleural pain prevents sleep I believe that a small dose of morphine hypodermically is better than Dover's powder, as it is less apt to upset the stomach, with an adhesive strip placed upon the chest to arrest pleural movement. If the pulse rate in croupous pneumonia gets above 90, or certainly if it gets above 100, I believe in the administration of five or ten drop doses of a good tincture of digitalis three or four times a day with 10 minims of tincture of belladonna four to six times a day. As the time of crisis is approached the dose of digitalis and belladonna can be increased, and if with the sudden fall in temperature the patient has a tendency to collapse, I believe that atropine, digitalone and strychnine should be freely given. I protest against the common use of nitroglycerin at any time in pneumonia. It is never a stimulant. A large element of danger in the disease is a fall in blood pressure, which nitroglycerin en-

courages, and even in those instances in which the arterial tension is abnormally high, it is a question as to whether it should be used, since often this high tension is essential for the maintenance of an adequate circulation through thickened and unyielding arteries. If the tension is abnormally high and if the first sound of the heart is feeble, nitroglycerin may be used in some cases, of course. Where there is profound exhaustion I believe that one or two grains of camphor in sterilized olive oil may be given hypodermically with advantage. In some cases, too, the hypodermic injection of pituitrin in 15-minim doses seems to support the circulation and tend to dissipate tympanites which cannot be gotten rid of by other means.

DR. FRANK D. GRAY, Jersey City: I feel impelled to call attention to one phase of treatment—drug treatment—which, however, is not original. It was based on the well known physiological fact that if a strip of heart muscle from a cold-blooded animal—such as the turtle—which has lost all its contractility, be immersed in a solution of chlorides, it will resume its contractions. A solution of sodium chloride alone will not accomplish this, but one of sodium plus calcium chloride will. It is a true physiologic method of heart stimulation, and while from what we have heard to-day, we believe that heart failure is perhaps not so often a fatal outcome as we have believed, yet there is no doubt that many cases do die of heart failure.

We have been inclined to rely for the support of the cardiac circulation upon such drugs as digitalis, camphor, strychnia and so on down the list. We know that a condition exists in pneumonia of deficiency of chlorides in the circulation. We know, as stated above, that the true physiological heart stimulants are the chlorides, to a certain extent the chloride of sodium, but more especially the chloride of calcium.

The use of this method of keeping up a flagging heart was suggested as a matter of theory and recommended as a matter of experience; the giving of 10 grains of calcium chloride four times a day in milk. It will assist to a certain extent the process which Dr. Dickinson recommended, it increases the force of the pulse, and particularly, from the standpoint of its physiologic action, it ought to do good. I have had occasion to recommend it in consultation and to use it in practice, and it seems to me a rational thing to give this in a case of pneumonia.

(DR. G. K. DICKINSON, discussion has not been received, and, as he is in Europe, we are obliged to omit it—EDITOR.)

DR. J. FINLEY, BELL, Englewood, said:

The treatment which Dr. Gray mentions is incorporated in the section of my paper on treatment which I did not have time to read. While the treatment of pneumonia by drugs is becoming less and less complicated, so far as a number of drugs is concerned, the importance of selection is fully as important as ever.

It should be remembered that in using digitalis that if given by the mouth or hypodermic injection the physiological action of the drug will not be secured for a number of hours or possibly days. Therefore if the drug is at all indicated we want its immediate effects; to se-

cure this, I have used digalin by intravenous injection, getting almost immediate results.

In the lathargic cases of pneumonia there is no stimulant which can take the place of caffeine administered as a sodium salicylate hypodermically or by rectum in normal salt solution.

DR. IRWIN H. HANCE, Lakewood: Pertaining to the treatment of pneumonia, I feel that when you have a patient with pneumonia you have to try and keep the function of every individual organ in as nearly a normal condition as possible. You need to start your treatment with either calomel or castor oil in order that you may know the alimentary canal is clear. Use water freely in order to keep the function of the kidneys working well. Rest is imperative. Rest means rest of mind and body. With a child, if you will instruct the mother, who can have no nurse, how to handle it and give it complete rest of body, and to nurse it properly, you will accomplish a great deal. Drugs when used symptomatically are of value.

DR. ALEXANDER ARMSTRONG, White Haven, Pa.: While listening to the various papers and discussions, it seems to me that we are back to where we were several years ago, when we all considered no matter who got pneumonia, 25 per cent. succumbed. I thought it might be well to speak of preventive treatment, and call your attention to a book written by a Dr. Allen, an English writer, who states that we are almost criminally negligent in allowing pneumonia to occur. If we could treat the diseases which precede pneumonia, such as influenza and give appropriate autogenous vaccines, we would prevent the disease which we admit we cannot cure. So it seems to me we ought to emphasize this matter of prevention. Dr. Allen has his patients report spring and fall to get a dose of vaccine and he treats them regularly, and in that way he claims he prevents pneumonia.

DR. THEODORE F. LIVENGOD, Elizabeth: To me Dr. Marvel's paper is the most interesting of all the phases of this symposium and must of necessity be to all of us because treatment is the "sine qua non" of our art. Essential, instructive and gratifying is the progress during three decades in bacteriology, differential diagnosis, etc., but the pathetic cry of our sober second thought is, What has that progress done to cure pneumonia? Pessimists taunt us with mortality tables that show as many cases succumb to the disease now as when venesection, veratrum-viride, poultices and vitiated air were in vogue. To this invective some of our wise men have long ago retorted, that in our modern treatment we have at least the satisfaction of knowing that it has not caused the death of the patient.

However, in my opinion, it is unfair to compare our mortuary statistics with tables of 1860, and even later, for two reasons. First: Then, most of the States required no death certificates and statistics were compiled from hospital records alone, thus excluding the vast majority of fatal cases. Second: Great numbers of cases now diagnosed as pneumonia and reported as fatal, were in the era of heroic treatment, owing to crude methods of diagnosis given other names, and thus abridged that list.

Dr. Marvel counsels well when he emphasizes the therapy of abundance of fresh air and

plenty of water. These, together with an alimentary canal kept constantly well functioning, are ever present and powerful aids in toxine elimination. Let us also remember that at the very time strychnia, camphor, atropine and their congeners are most urgently needed, absorption by the stomach must be greatly impaired. In such cases where full doses are given by the mouth, the Lord only knows how much the patient is getting. When given hypodermically, we can expect results because we know it is absorbed, and how much of it.

Owing to the scope of his subject and his time limit, Dr. Marvel spoke but a cheerful word for the vaccines. I believe along that line we shall yet reach the goal and cure pneumonia, just as we are now curing diphtheria with antitoxin.

DR. GEORGE E. TITUS, Hightown, said: In some cases of pneumonia which I have had, the use of Dr. Harrower's acidimeter has been very valuable. In these cases with a temperature running from 104½ to 105 degrees at the outset I have found an acidity of the urine ranging from 90 to 100 degrees. The normal acidity of the urine according to Dr. Harrower is between 30 and 40 degrees. With an alkaline and eliminative treatment, as soon as the urine becomes alkaline, the temperature dropped to 102 degrees, the patient was very much more comfortable and progressed to rapid recovery. This is a very interesting question whether the high fever and other unfavorable symptoms at the beginning of this disease are caused, to a great extent at least, by auto-intoxication and hyperacidity, and whether by their elimination the grave symptoms are removed. This condition of excessive acidity of the urine exists not only in pneumonia, but in three-fourths of our serious diseases. I hope our specialists will look into this matter and give us some clinical data in order that we may arrive at some scientific conclusion.

DR. PHILIP MARVEL, Atlantic City: I want to thank those who have taken part in this symposium discussion, and particularly those who have discussed my paper. Further than this, I wish simply to refer very briefly to the statements of Dr. Dickinson and Dr. Hare, with reference to the use of expectorants in the treatment of pneumonia. If their remarks were intended to object to what I stated with reference to the use of citrate of potash and soda, etc., in the very early or congestive stage of pneumonia, I particularly take issue with them. If they were intended to refer only to the treatment of pneumonia after the first twenty-four hours, then I agree most positively with them, for I am sure that the treatment referred to is as helpful in the first twelve to twenty-four hours as it is objectionable thereafter. If it were for no other reason than that spoken of by Dr. Dickinson and Hare, namely, rest and comfort of the patient, there is certainly no treatment that will contribute more with less harm than that above referred to, particularly when associated with codeia in the very early stage.

Previous to leaving the floor I wish to direct attention to the charts descriptive of cases showing the value of comparative leucocyte counts, with the opsonic index, and of pulse tension bearing on the progress and danger in the disease. By the aid of these, as is shown

by charts A and B, one is able to follow the progress in the case with a more definite idea of the prognosis than he could without, and in the frequent registration of the blood pressure he is also able to observe threatening danger, which otherwise might be unknown to him. This is shown in chart B. The relative relation of the pulse and respiration are also matters of importance from a prognostic standpoint and should be carefully observed by the physician.

DR. ABRAHAM JACOBI'S DISCUSSION OF PROF. CRILE'S ORATION.

(Continued from page 67 July Journal.)

One more remark, particularly to those who have an extensive practice. Dr. Crile has remarked in one of his last sentences, if I understand him correctly, that all our science and all the knowledge of the world must work through a combination of the heart and brain, through giving hope, and that is where we practitioners are often faulty. If we would be more physicians than mere medical men we should do better by our patients. What I mean by that remark is this: Some physicians are in the habit of considering a patient as a mere case: if they knew enough of the case they tell that patient exactly, not only what the symptoms reveal as to diagnosis, but also what the prognosis is. They are heartless enough, for instance, to tell a tubercular patient that he has consumption. That word is taken by every patient as a sentence of death and should not be employed. I never in my life use the word consumption in my contact with a tuberculous patient. I always say tuberculosis. "Isn't that consumption?" I have been asked. I tell them: "If you go on, if you do not get better you may run into consumption," but always with that "if," and I always hold out the hope that this is a case that ought to get well, inasmuch as so many will.

If I see a patient with cancer of the liver I never tell him he has cancer. I tell him if it is incipient: "You go to a surgeon, an operation will relieve, perhaps cure you." If that is not possible I never use the word cancer. I say tumor. I think that I can prove in a number of cases that such patients as would have become discouraged and gone down immediately have lived a number of weeks or months longer and in comparative comfort, simply because they had been to a conscientious and tactful doctor. I speak very earnestly about that. We make mistakes when we believe we must in practice be only scientific. Scientific, yes, by all means, but keep your fatal prognosis to yourself, and to some reliable relative of the patient who can hold his tongue. You must have seen many cases in which men would ask: "Must I die, must I make my will?" I tell such patients: "You need not die, but this is no reason for postponing the writing of your will. You should have done so long ago. If after two months you don't like it, make another one."

Life is not so short but that there is always time enough for courtesy.—Ralph W. Emerson.

Reports of County Societies.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

The regular meeting of the Morris County Medical Society was held at 2.00 P. M. on June 3rd at Pine Terrace Inn, Dover, N. J. The President, Dr. G. A. Becker, was in the chair. Among the guests were; Dr. T. N. Gray, Secretary of State Society and Dr. C. C. Beling, Councilor of the district. There was a good representation of members of the Society present. After dinner and before the regular business of the Society was engaged in, Miss Koots, who is desirous of establishing a private sanatorium near Morris Plains, obtained permission to address the Society and gave an outline of what she expected to do and asked support for an up-to-date hygienically and scientifically conducted institution.

The following resolution was then introduced and carried:

WHEREAS, The Morris County Medical Society has been requested to give an opinion regarding the establishment of hospitals in the County, it is

RESOLVED, That the Society is of the opinion that any properly conducted hospital is in no sense a detriment to the surroundings, and it is further

RESOLVED, That a hospital or sanatorium for the treatment of tubercular bone disease or other tubercular conditions conducted scientifically and hygienically is in no sense a danger or a public menace.

The application of Dr. William M. Barnes of Madison for membership was received. An address on Genito-Urinary Diseases was given by Dr. Clarence R. O'Crowley of Newark, who is also associated with the New York Post Graduate Medical School and Hospital. He said that acute urethritis could often be cured in twenty-four hours by deep instillation of silver salts. Then a table was shown by which the various stages of gonorrhoea could be ascertained by the use of two specimens of urine and described the treatment for each stage giving many prescriptions which he had found useful in his practice and advised against any astringent injections until late in the disease. This was followed by remarks on the treatment of epididymitis and venereal warts. Cystitis was then spoken of and many therapeutic hints were given for curing this condition. Along with this, methods for rendering patients more comfortable were mentioned.

Brief reference was also made to phagedenic chancroid, the use of horse whip bougies as an aid in passing a catheter when strictures are present, the use of dilators in treating strictures and phenosulphonethalen as an indicator of the functionary power of the kidney.

The address was listened to with great interest by all present. After a discussion, a rising vote of thanks was given to Dr. O'Crowley and the meeting adjourned.

The annual meeting of this Society in September will be at the N. J. State Hospital at Morris Plains, as an invitation to visit and inspect that institution was extended by the medical director, Dr. B. D. Evans and his staff.

SOMERSET COUNTY.

Lancelot Ely, M. D., Secretary.

The regular meeting of the Somerset County Medical Society was held on Thursday, June 5th, 1913, at the Ten Eyck House, Somerville. The president, Dr. F. J. Hughes, was in the chair. The following members were present; Drs. Stilwell, Fisher Weeks, Smally, Kaucher, Meigh and Ely.

Drs. Stilwell, Fisher, Weeks, Smally, Kaucher, The minutes of the last meeting were read and there being no corrections they were approved as read.

The program consisted of the report of interesting cases by the members present. Dr. David F. Weeks, superintendent of the New Jersey State Village for Epileptics, gave a very complete account of two out-breaks of typhoid fever at the Village during 1911 and 1912. It was his opinion that both out-breaks was due to typhoid carriers. The out-break of 1912 could be traced directly to an assistant cook in the kitchen of one of the cottages. A full account may be seen in the annual report of The N. J. State Village for Epileptics for 1912.

Dr. Fisher reported two labor cases, both being primiparas; the first case passed through a normal labor. The child was alive up until birth, but was born dead. The doctor attributed the cause of death to a calcareous degeneration of the placenta. The second case was that of a girl, fourteen years of age, she had a normal labor but at the end of the third stage she had a very severe post-partum hemorrhage.

Dr. Zeglio reported two cases, the first one was that of a Jewish woman about eight months pregnant. The patient was and had been vomiting for some time a dark coffee-ground appearing fluid. A diagnosis of ulcer of the stomach or possible toxemia. The patient died before delivery and at autopsy the condition proved to be that of acute yellow atrophy of the liver. The second was that of a very difficult labor. The doctor had been called in to assist two other physicians who had attempted to deliver the patient by version, but it was impossible to extract the head. They had already decapitated the child so that they could work to better advantage. The doctor advised the patient removed to the hospital and a caesarean section for the removal of the head was performed and the patient made a good recovery.

Dr. Stilwell reported a case of traumatic dislocation of the testicles.

Dr. Meigh reported a case of almost complete destruction of the sight of an eye due to the bursting of a golf ball and the acid contents burning the cornea.

Dr. Ely reported a case of sarcoma of the Pancreas, he showed several x-ray photographs which outlined the tumor very distinctly.

Dr. William E. Gesregen, resident physician of the Belle Mead Farm Colony and Sanatorium was elected a member of the Society.

A motion by Dr. Stilwell, was seconded and carried that the society have a dinner at the annual meeting to be held in September. Dr. Stilwell, Ely and Flynn were appointed as a committee to arrange for the annual dinner and meeting.

A communication from the State Secretary Dr. Gray was read pertaining to a change in

the State Constitution, was referred to the annual delegate with power to act.

The following committee was appointed for scientific work for the September meeting; Drs. Dundon, Ely and Fisher.

On motion, meeting adjourned.

UNION COUNTY.

Geroge Knauer, M. D., Reporter.

The regular meeting of the Union County Medical Society was held at the Y. M. C. A. Building, Plainfield, N. J., Wednesday evening, July 9, 1913, at 8:30 o'clock. Dr. C. H. Schlichter in the chair. The meeting was opened and the reading of the minutes of the previous meeting followed.

Dr. E. W. Hedges, of Plainfield, reported a case of intracapsular fracture of the femur in a lady 92 years old. She was first put up in extension and at the end of a week in plaster, in which she remained for five weeks, at the end of which time she was found to have union; at the end of three months she was able to walk.

The next case reported by Dr. Hedges was that of a patient with suppuration around the umbilicus. The abscess was opened and a large cheesy mass was removed, the source of which could not be determined.

Dr. W. E. Cladek, of Rahway, reports a case of fracture of the neck of the femur, in which no apparatus was used. The patient being 92 years old, was placed in the sitting posture as soon as possible and is now able to walk.

Dr. F. A. Kinch, of Westfield, reports a case of similar fracture in a patient 87 years old, treated with sand-bags and is now able to walk.

Dr. H. Morton Pierson, of Roselle, reports the case of a child with tonsilitis, following which it had a running ear. It then developed acute pain in both ankles; then in both knees, which subsided in a few days. Dr. Wilson suggested that this was a case of streptococcus infection of the joints.

Dr. J. S. Green, of Elizabeth, reports that he did a caesarean Section on a colored woman, who was a rachitic dwarf and a primipara, and whose conjugate was only 8 c m. The section was done at the onset of labor.

The resignation of Dr. Fred. Pierson, of Elizabeth, was received and accepted.

Dr. Harrison's report of the State society meeting was read by him as given below.

The subject of the evening, "Some Observations on the Practice of Obstetrics," was presented by Dr. P. DuBois Bunting.

Stress was laid on the following subjects:

1. The Prevention of Infection.
2. Cleansing the Hands.
3. Cleansing the Vulva.
4. Emptying the Bladder and Rectum.
5. Prevention of Laceration.
6. If Laceration Occurs Suture: (a) to prevent wound infection; (b) ultimately for support.
7. Management of the Third Stage.
8. The Value of Pelvic Measurement.

The subjects were discussed by Drs. H. Morton Pierson, E. B. Grier and J. S. Green.

A motion that the secretary's expenses to the State society meeting be paid by the society was laid over till the next meeting. Meeting adjourned.

Report of Morris County Delegates to the State Society Meeting.

The 147th annual meeting of the New Jersey State Medical Society was held at Spring Lake on June 10, 11 and 12, 1913.

There were nineteen present from Union County and only one of the annual delegates chosen was present. No alternates were chosen or present. The total number of members and guests present was four hundred and seventy-five.

The society was honored by the presence of acting-Governor Fielder, of New Jersey; the president of the American Medical Association, Dr. A. Jacobi, of New York, the ex-Dean of Fordham University, Dr. Walsh, of New York, each of whom made a short after-dinner speech at the banquet held on the evening of the second day of the meeting.

The annual dues to the State society were raised from two to three dollars.

A very noticeable feature of the meeting was the improvement in the programme over the previous years. The number of papers was greatly diminished and their scientific character as a whole far excelled those of the past few years. The lessening of material presented admitted of more general discussions, adding much to the interest and instructiveness of the papers read.

Among the most notable presentations were the address of the retiring president, Dr. N. L. Wilson, of our society, in which he portrayed many of the improvements in the diagnosis and treatment of disease: a paper on "Privileged Communications," by the third vice-president, Dr. W. J. Chandler, of South Orange; "An Oration in Surgery," by Dr. G. W. Crile, of Cleveland, Ohio, which was generally pronounced a most scholarly production; "The Biological Treatment of Disease," by Dr. Stengel, of the University of Pennsylvania; and "Bone Transplantation," by Dr. F. H. Albee, of New York.

The arrangements made for the general care and comfort of those in attendance were all that could be desired and the weather was ideal. Many ladies were in attendance, for whom special features of entertainment were provided.

Dr. Philip Marvel, of Atlantic City, was chosen third vice-president for the ensuing year.

Spring Lake was again selected as the place of meeting for the coming year.

Only favorable and flattering comments were heard from those in attendance regarding every aspect of the meeting, which bespoke conscientious and efficient service of the presiding officer and various committees appointed for the year.

Respectfully submitted

Joseph B. Harrison.

Annual Delegate.

Reports of Other Organizations.

The Morristown Medical Club.

E. Moore Fisher, M. D., Reporter.

The Morristown Medical Club was entertained by Dr. A. B. Coultas, June 25th, at Day's, Morristown. Dr. F. H. Glazebrook was chairman of the evening.

Dr. G. A. Anderton's resignation was accepted with regret.

Dr. E. B. Sutphen was elected secretary, succeeding Dr. G. H. Lathrope, who has held the position for two years, during which time he has given marked satisfaction.

Among the visitors present were Dr. S. H. Goldberg, of Kearny; Dr. M. F. Squier, of Arlington, and Dr. D. E. English, of Summit. Nearly all the members of the society were in attendance.

The paper of the evening was by Dr. E. J. Ill, of Newark, on "Injuries of Childbirth, their Prevention and Treatment." After a brief review of early writing of this subject, which extended back to the first century, A. D., the doctor said that manual or artificial dilatation usually meant lacerations and that where dilatation took place there was often retraction due to the force exerted by the broad ligament and peritoneum. The doctor also said that inversion of the uterus was rare and was frequently due to pulling on the cord or too great pressure on the uterus from above or because of tumors, but it might follow a normal labor. Dr. Ill said that once in testifying in court in a case of this kind, he had said: "If the doctors were sued following all injuries after childbirth, no court could possibly handle the cases."

Physicians' Automobile Association.

For the sixth consecutive term, Dr. Edgar Calvin Seibert was elected July 1st president of the Physicians' Automobile Association of the Oranges at its annual meeting in the William Pierson Medical Library Association rooms, Orange. A committee, consisting of Drs. Stephen G. Lee, J. Harry McCroskery and Aims R. Chamberlain, was named to arrange for the annual motor outing, which will be held in September.

The other officers elected were: Vice-president, Dr. Palmer A. Potter; secretary, Dr. Arthur Weller; treasurer, Dr. Arthur Bingham; governors, Drs. Douglas A. Carter, G. Herbert Taylor Lee, McCroskery and Chamberlain. The society claims to be unique in New Jersey and one of the largest of its kind in the country.

Jefferson College Alumni Association.

The annual meeting of the New Jersey State Chapter of the Alumni Association of the Jefferson Medical College was held at the New Monmouth Hotel, Wednesday, June 11th, 1913.

Dr. Daniel Strock, the president, was in the chair. The report of the secretary-treasurer showed that the Chapter had collected sufficient funds to pay all expenses to date. On motion of Dr. Halsey it was voted that the president appoint a committee of one from each county society to induce Jefferson graduates to become members of the Jefferson Alumni.

Dr. H. F. Palm, a member of the executive committee of the parent organization, spoke of the recent annual banquet in Philadelphia.

In a discussion of future plans speeches were made by Drs. Strock, Iszard, Davis, Halsey, Brewster and Emerson.

The following officers were elected:

President, Dr. Daniel Strock; vice-president, Dr. L. M. Halsey; secretary-treasurer, Dr. Linn Emerson.

The president appointed a reunion committee of Drs. Emerson, Iszard and Stout.

International Conference for Cancer Research.

At the meetings of the Third International Conference for Cancer Research to be held in Brussels from August 1 to 5, 1913, the following topics will be considered:

1. The use of physicochemical processes in the therapeutics of cancer. The use of chemical agents after radical operations.
2. Vaccination against malignant growths.
3. Statistics on cancerous disease. Local propagation.
4. Prophylactic institutions for cancerous disease.
5. The care of those afflicted with cancer, and the necessary training of a staff.
6. The present situation of the study of cancer and of the fight against cancer in different countries. Presentation of books, pamphlets and tracts for the medical profession and literature to educate the people on these subjects.

Mental Defectives' State Commission.

The New Jersey Commission on the Care of Mental Defectives, appointed by authority of the Legislature organized May 17, 1913, at Trenton and made preparations to take up its work. Joseph P. Byers, State Commissioner of Charities and Corrections, was chosen chairman, and Edward E. Read, of Camden, was made secretary. The other members are: Dr. John Nevins, of Jersey City; Dr. Stewart Paton, of Princeton, and Edward D. Page, of Oakland, Bergen County.

The commission will proceed at once to collect data along the line of the duties assigned by the joint resolution under which the commissioners were appointed. Commissioner Byers said to-day the work before the commission was a great one and would be prosecuted with as much dispatch as possible. Next Friday the commission will visit the Insane Hospital at Morris Plains to confer with Dr. Britton D. Evans, the medical director. Particular attention will be paid to the great overcrowding which has existed at this State institution for several years. There will be a general inquiry as to the methods of caring for the insane there. Following that, the State Insane Hospital in Trenton will be visited, as well, as the State institutions for Feeble Minded at Vineland and the Epileptic Village at Skillman.

The duty assigned to the commission by the Legislature is thoroughly to investigate the provision for the care of all mental defectives in the State, with particular reference to what extent the present provision for their care is inadequate; what additional provision is immediately needed, and what further provision is likely to become in the near future; in what manner can this additional provision best be made that will insure early relief, economy, proper care, curative treatment and custody, and in what manner, if at all, the present system for the care of these mental defectives can be re-organized to promote greater economy, and efficiency.

Dr. Godfrey Leading New Jerseymen in California

Dr. E. L. B. Godfrey, formerly of Camden, is president of the Association of New Jersey residents of Southern California, which held its annual picnic and outing June 7th.

A feature of the outing was addresses by Rev. Charles H. Scott, of Pasadena, and I. N. Leynard, of Los Angeles, a former resident of Essex County. C. K. Middleton, of Pasa-

denia, formerly connected with the public schools in Camden, contributed a poem on the New Jerseymen in California, which was read during the course of the day. A part of the poem is as follows:

"How long have you been here? and where are you from?"

Do you like it? You think you will stay? Such are the questions often heard

As strangers meet here by the way.

This great Golden State like a magnet has drawn.

From every State in the land And, regions beyond, as her fame has spread,

Men have flocked to this Colohis strand.

The ties of one's earlier life are strong

And the place of one's birth is held dear Quite fitting it is those here from our State Should endeavor to meet once a year.

So we form New Jersey are gathered to-day Acquaintances to make or renew

And scenes of the past in that faraway State To call up in pleasant review.

Field Hospital at Sea Girt.

The First Field Hospital Sanitary Troops set up a complete hospital in July. The normal capacity of the field hospital is 108 patients. It has an operating room, dispensary, wards and kitchen, and is fully equipped to meet any emergency. In other words, the field hospital can take care of all manner of ailments, from lacerated wounds on the finger to appendicitis. The equipment was purchased by the State from the Government at a cost of \$8,000. The commandant is Major Harold S. Corbusier, of Plainfield, N. J., and his staff consists of Lieutenants Rort, of Newark, and Lammy, of Elizabeth, N. J. All are physicians. Captain Valentine Rusch, of the chief surgeon's staff, will be detailed for duty with the hospital during the encampment.

New Marriage Law.

By the action of its State Legislature on June 25, Pennsylvania became the first State to adopt what is called a "eugenic marriage" law. The measure which had the support of the State Medical Societies, prohibits the issuance of marriage licenses to persons afflicted with a transmissible disease; specifies that a license shall not be issued when either of the contracting parties is an imbecile or is under guardianship as a person of unsound mind; provides that no male who is or has been within five years an inmate of any county asylum or home for indigent persons shall be permitted to marry unless it appears that the cause of such a condition has been removed and that the person has become physically able to support a family, and stipulates that marriage licenses shall not be granted to persons under the influence of intoxicating liquors or of narcotics.

Gifts for the Care of Invalids and Children.

Rev. C. M. Morton, formerly of Philadelphia, and later of Atlantic City, in his will made bequests to the Mercer Memorial Home for Invalids and The Children's Seashore Home at Atlantic City of \$5,000 to each.

THE JOURNAL

OF THE

Medical Society of New Jersey

AUGUST, 1913

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,
New Brunswick, N. J.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to

WILLIAM J. CHANDLER, M. D., South Orange N. J.

EXPLANATORY NOTES.

We publish in this month's issue the official Transactions of the 147th Annual Meeting of our society. In order to do so an immense amount of work has devolved on the secretary and editor, so that if there are any errors—not in the correctness of the report of actions taken, but in speakers' remarks or the appearance and arrangement of matter—we trust our readers will exercise due leniency in criticism.

The insertion of these transactions has compelled us to delay the insertion of much matter prepared and in type, until the next issue of the Journal. We give this month all the papers presented in the Symposium on Pneumonia and the discussion thereon. It has been difficult to do because so many who took part are away on their vacations. For the same reason we fear our plan to give the Symposium papers and discussion on Syphilis in our next issue cannot be carried out, and we may, therefore, have to insert other papers out of their regular order of presentation. We hope to insert next month the excellent addresses of Governor Fielder and Drs. Jacobi and Walsh, delivered at the society's annual banquet.

From our experience during the past month we are compelled again to ask and urge that all proofs sent for inspection and correction be *very promptly returned* and that corrections, especially interlineations

be made so carefully and *legibly* that the printer can decipher them. The editor tries to prevent mistakes, but sometimes it is difficult, especially when an author asks to have his article set up "exactly as it is," and we detect some errors and more illegibly written or misspelled words, especially of proper names or technical terms.

COMMENDATION OR CRITICISM.

We commend the following, which is taken from the editorial columns of the Providence Medical Journal:

"The limitations of language are never more apparent than when we deal in personalities; we must either commend or criticize; our argument is either for or against, and, aside from a mere statement of fact, nothing is written or said which cannot be considered a matter of opinion, and which may or may not be susceptible of proof.

"Criticism does not imply failure to recognize worth, and is not to be considered as petulant fault finding, nor yet an evidence of a disgruntled mind or disordered body. It is a weapon of attack against evil, and, when combined with sound argument, our most efficient remedy against the disorders of the body politic which are to-day so much in the public mind."

The thoughtful, manly and brotherly-minded man would far rather commend than criticize. He would prefer his criticism to be helpful, and words of censure or condemnation, being unnatural to him, will only be resorted to when a strong sense of duty demands their utterance. Such a man, however, commends honestly, wisely, helpfully. He never indulges in fulsome flattery, nor does he highly respect the man who offers it to him. His commendation finds its best and truest expression when offered to the poor, discouraged, hard-working or over-worked, who most need the encouragement which commendation and kindly-expressed suggestion may bring them.

There is another class who should have our heartiest words of commendation—the William MacLures of our profession. They are the devoted, hard-working, conscientious, tender-hearted and poorly-paid men who are following in the footsteps of the grand old-time country practitioner who found but little time for rest and no time ever for a lengthy, or even short, summer vacation—men who owed the grandeur of their lives to their tremendous tasks and difficulties. As one has said: "The race-

long cry of suffering humanity assaulted their ears, as it comes to ours, and they set about its relief without stopping to appraise its money value or its offering of fame." "They grew great by growing into the greatness of their task."

As Dr. E. B. Cragin, in an address, said: "No one working along a special line can meet in consultation the good all round man of the country who has to meet the demands for anything in medicine or surgery, and run the gamut of all the specialties between, without being impressed with the breadth and manysidedness of the general practitioner of the country. Truly it may be said of him as Sir George said of MacLure, 'He is an honor to our profession.'" We have hundreds of such men in our towns and country districts. One of them recently passed to his reward at a good old age, who did a large part of his work "on foot," walking often four, six or more miles to attend a patient regardless of fee, and his ledger shows more than \$100,000 due him and uncollectible.

Then turn to the correspondence columns on another page of this month's Journal and consider the appeal that comes to us. An appeal that another faithful doctor would never have made and which his widow has not made or consented to have made; but the facts are stated by Dr. Bennett, of the Widows' and Orphans' Society, and the facts appeal to us—they are eloquent and pathetic. All honor to the memory of such medical men and all practical sympathy let us manifest to their widows and orphans.

In our comments on criticism we speak briefly and plainly. We shall not deal in personalities, as we have had no provocation to do so and have no right or desire to use the Journal for that purpose, but we will try to keep within "the limitations of language" in dealing with one of the most common habits of our day, when nearly everybody and everything is criticised thoughtlessly and often unjustly and disastrously.

We remark that there are several kinds of criticism and different effects of it, dependent upon motive for and method and spirit of administering it. There is a kindly, helpful criticism which seeks the good of the person criticised and the success of his work, in the spirit of the golden rule. Such criticism all should welcome and thank the person offering it. There is the harmful criticism, which is often the

"petulant, fault-finding" of the egotist, who "knows it all" and is never more in his element than when displaying his superior wisdom. Such critics we should pity and go on with our work.

Then there is the destructive criticism, it may be that of "a disgruntled mind or disordered body"—it is often called "pure cussedness." It is either obstructive or destructive, sometimes both—a hindrance, a pulling down of one's neighbor and his work without any attempt to help him build better.

But the worst form of criticism is that of the hypercritical—and hypocritical—sycophant who pulls down his neighbor and destroys his work in order to secure position and honor for himself, and who flatters the man or men who can bestow favors, endorsing them and their methods, whether good or bad. The "limitations of language" forbid our characterizing properly these two last described classes of critics and the punishments they deserve. We only express our judgment that the sufferers from these unjust and cruel criticisms need the patience of a Job and the endurance and courage of a Moses or a Paul.

Correspondence.

Relief of Doctors' Widows and Orphans.

Newark, N. J., July 22, 1913.

Mr. Dear Dr. English:

I enclose copy of a letter from the widow of a physician of this State, which seems to call for publication. Of course, all names are suppressed.

The Society for the Relief of the Widows and Orphans of Medical Men of New Jersey was organized to meet just such conditions as are here described.

It was the custom, in our local society, thirty years ago, to pass around the hat for contributions to defray the funeral expenses of deceased members, and the "Widows and Orphans" Society has made this entirely unnecessary for those who avail themselves of its privileges. Unfortunately those to whom the benefits would come are not often consulted as to the advisability of joining such an association, and they are, as in this case, left in utter ignorance of the provision for their future.

This physician practiced medicine well and faithfully for many years in a very prosperous community, where residence must have been delightful, and practice remunerative, yet, at the end, we find nothing left for support, and the home so encumbered by mortgage that the widow bids fair to lose it all, and to have to depend upon the labor of her hands for her daily bread.

The Widows and Orphans Society has been cognizant of many cases of destitution in the families of physicians who were supposed to be well to do, but it has never received a more

typical or pitiful appeal for help than the one enclosed. Had this physician been a member of the "Widows and Orphans," his widow would have received a substantial sum immediately after his death, and in addition we could now offer her one or two hundred dollars annually until she could arrange matters to be self-supporting. As it is, the society can, of course, do nothing except to make this suggestion.

If the profession at large would care to contribute anything in the way of helping this struggling mother, the Widows and Orphans Society will gladly administer the fund. I may add that I have personally investigated the matter and the conditions are just as they are stated in the letter.

A woman still an invalid, and encumbered by a delicate child, struggling without the advantage of previous training in financial and executive matters to save her home and fighting with almost a certainty of failure, unless saved by outside assistance.

Let us all heed the warning.

Sincerely yours,

Charles D. Bennett,

June 27, 1913.

My Dear Dr. ———:

Your letter to Dr. ——— of recent date, requesting an answer, was opened by me, Dr. ——— having died very suddenly a little over a year ago.

Your letter made me wonder if by any possible chance Dr. ——— could have been a member of this "Relief Association."

At the time of his death I was just recovering from a rather severe operation, (a complete hysterectomy, with many complications) and for that reason the doctor would never talk of his business affairs, saying that "we were provided for should anything happen to him." Beyond that, "he did not wish me to be worried." All that we knew of his having was a lodge insurance, and his book accounts, (which we have spent more trying to collect than we have collected), in addition to our home, which is quite heavily mortgaged. Our insurance paid the funeral expenses, nurses, etc., and the outstanding bills, including several notes on our home, but it has been a very hard struggle in my physical condition to keep my family fed and going, as I am the only one able to work, and am not only handicapped by my physical condition, but have a little boy seven years old just recovering from St. Vitus dance, that worries me to death to have to leave as much as I do. I have tried taking boarders, but the conditions of the home were such that it was impossible.

Since Dr. ——— death it has been impossible for me to pay either taxes or interest on our home, in fact it was necessary for me to take up an additional mortgage of \$500 at the time my little boy was so ill. I have done away with all servants, even doing all our washing myself. Even should Dr. ——— not have been a member of the society it has occurred to me that it might be possible for me to secure a loan of possibly \$200, or \$250, to pay my taxes and interest, at least until such time as I could repay it. My physical condition is improving daily and hope soon to secure a permanent position. I have been canvassing books, but even it has been impossible

to catch up and the fear of losing our home hangs over our heads.

This letter is confidential. If you knew Dr. ——— you know he was poor only through his great charity. He truly worked himself to death, and I would not like any one to think he left us unprovided for. I have only gone into details thinking if there was a fund it might be possible to secure temporary assistance, and if it is not asking too much I shall be greatly obliged for a reply.

Very truly yours,

(Signed) Mrs. ———.

Marriages.

ANDERSON—NEWMAN—At Catonsville, Md., June 25, 1913. Dr. George A. Anderson, of Greystone Park, N. J., to Miss Minnie P. Newman, of Catonsville.

COEN—HINES—At Passaic, N. J., July 1, 1913. Dr. Lawrence Edward Coen to Miss Emma Elizabeth Hines, both of Passaic.

DAVIS—GEESEY—At Atlantic City, N. J., June 23, 1913. Dr. Byron G. Davis, of Atlantic City to Miss Naomi L. Geesey, of Spring Grove, Pa.

Deaths.

O'REILLY—In Munich, Germany, July 8, 1913. Mrs. Anna O'Reilly, widow of Dr. Edward R. O'Reilly, a prominent physician of Elizabeth, N. J., who died about four years ago.

ROBINSON—At Newark, N. J., June 22, 1913. Dr. George W. Robinson, aged 70 years.

Dr. Robinson graduated from the New York University Medical College in 1863. He was a surgeon in the United States Army during the Civil War. He practiced medicine in New York City several years afterwards.

SAUER—At Jersey City, N. J., June 8, 1913. Dr. Ferdinand N. Sauer, after three years' illness, aged 39 years.

TERRIBERRY—At Paterson, N. J., June 14, 1913. Dr. George W. Terriberry.

Personal Notes.

Dr. Samuel E. Armstrong, Rutherford, has had his salary as county physician increased from \$2,500 to \$3,000 per year.

Dr. J. G. L. Borgmeyer, Bayonne, has resigned as a member of the local board of education. He sailed, with his wife, July 16th for Vienna, expecting to remain abroad until September.

Dr. P. DuBois Bunting, Elizabeth, has been reappointed as a physician at the Isolation Hospital.

Dr. Charles J. Graythorne, Trenton, is enjoying a month's vacation at Cape Cod, Mass. He expects to return home August 15th.

Dr. Alvin R. Eaton, Elizabeth, has been appointed one of the physicians at the Isolation Hospital.

Dr. Archibald C. Forman, Bayonne, suffered an attack of fainting spells while attending a

patient recently and was taken to the hospital, but soon recovered.

Dr. Ernest Kaufman, Newark, was registered at the New Breslin Hotel, Mt. Arlington, last month.

Dr. Otto Lowy, Newark, has been appointed one of the delegates from our State Society to the International Medical Congress at London. He sailed July 22 and will return August 20th.

Dr. Joseph H. Oram has moved from Passaic to 495 Broadway, Paterson.

Dr. Clyde K. Miller, Hackettstown, was registered last month at the Marlborough, Asbury Park.

Dr. Henry Spence, Jersey City, has been appointed a member of the board of trustees of the City Hospital.

Dr. James M. Stewart, Paterson, has been appointed a member of the New Jersey Tenement House Commission.

Dr. A. A. Swayze, Hackensack, has moved from Central avenue to 238 State street.

Dr. John W. Wade, Millville, who has been confined to his home for some weeks by a severe attack of rheumatism, has recovered sufficiently to resume practice.

Dr. Edward J. Ill, Newark, and family are at their summer home, Island Heights.

Dr. Frank McKinstry, Washington, entertained the Washington Medical Society at his home, July 25. He read a paper on "Eudocarditis."

Dr. Charles A. Rosenwasser, Newark, was, on June 30, elected treasurer of the Everett Colby League and addressed the meeting.

Dr. George W. Wilkinson, Morristown, and wife are enjoying a two weeks' visit at Williamsport, Pa.

Dr. Henry L. Coit, Newark, and family, sailed July 22 on the Kaiser Wilhelm II. for Europe. They expect to be abroad about six weeks.

Dr. Bert Daly, Bayonne, has been endorsed by the Richard Doyle Association of that city as the fusion candidate for mayor of that city next fall.

Dr. Frank M. Donohue, New Brunswick, and family, spent two weeks last month in Canada.

Dr. Ephraim Morrison, Newton, and wife are spending a few weeks at New Brunswick and Quebec.

Dr. Charles H. Purdy, Jersey City, has removed from Montgomery street to 120 Sip avenue, near Bergen avenue.

Dr. Arthur L. Smith, New Brunswick, and family sailed for Europe, July 26th, and will return about September 1st.

Drs. G. N. Sommer, Paul Cort and Frank Cahill, Trenton, had a successful fishing trip last month along the South Jersey coast.

Dr. Walter E. Caldek, Rahway, spent two weeks in the Adirondacks last month.

Dr. Alexander Dallas, West Caldwell, has moved back to his farm in Pine Brook, N. J.

Dr. Edward J. Ill, Newark, has been appointed a member of the executive committee of the American Society for the Control of Cancer.

Dr. Richard C. Newton, Montclair, has an article in the Medical Record, July 19, on "A Short Study of the Career of Paracelsus."

Dr. Frederick C. Webner, Newark, and wife took an automobile trip through the Catskills and Berkshire Mountains the last two weeks

and expect to go to Yellowstone Park and the Pacific coast on August 9th.

Dr. Frank C. Ard, Plainfield, and wife were registered last month at the New Monmouth Hotel, Spring Lake.

Dr. Reginald S. Bennett, Asbury Park, mayor, is chairman of the committee that will judge the babies according to mental and physical standards in the "Better Babies Contest" during the week beginning August 21 at Asbury Park.

Dr. Lewis N. Blank, Newark, sailed July 8 for Paris on the steamer Canada. He expects to return early in September.

Dr. William W. Brooke, Bayonne, and daughters sailed July 30 on the Kaiser Franz Joseph. They expect to join Dr. Borgmeyer and party in Naples.

Dr. Fletcher F. Carman, Montclair, and wife enjoyed a motoring trip along the Atlantic coast last month.

Dr. Frank Devlin, Newark, was registered at the New Monmouth Hotel, Spring Lake, last month.

Dr. Thomas J. Keegan, Jersey City, has been sustained by the Supreme Court in maintaining his position as president of the Hudson County Board of Health.

Dr. Henry Kip, Paterson, and family are occupying for the summer Point View Cottage, Culver's Lake.

Dr. G. Howard McFadden, Hackensack, and family sailed July 2 for Europe.

Dr. William A. Newell, Trenton, and wife spent the month of July at Beach Haven.

Dr. Emma M. Richardson, Camden, made a touching appeal to the County Board of Freeholders on July 8th for financial aid for the Day Nursery of South Camden.

Dr. Joseph E. Roberts, Camden, and family are occupying a cottage at Ocean City for the summer.

Dr. William A. Schopfer, Newark, and family, have gone to Pennsylvania for the summer.

Dr. William J. Sommers, Boonton, spent a few days at Atlantic City last month.

Dr. Samuel A. Vandewater, Oradell, has recovered from a severe illness and resumed practice.

Dr. James W. Ware, Bayonne, and wife last month took a motoring trip through the Berkshires.

Dr. William W. Brooke, Bayonne, sailed July 26 for a two months' trip on the Continent.

Dr. Aims R. Chamberlain, Maplewood, spent ten days last month at Warwick, N. Y.

Dr. John L. Chamberlin, Sargeantsville, motored to Atlantic City last month.

Drs. William S. Collier and Wilbur Watts, Trenton, are spending their vacation in a trip by the former doctor's automobile to Canada, spending a few days in Montreal and Quebec.

Dr. Chauncey B. Griffith, Newark, and family are at Budd Lake.

Dr. George B. Philhower, Nutley, and wife were surprised by a visit from friends July 23rd in celebration of their twentieth wedding anniversary.

Dr. Herbert B. Vail, Belleville, and family spent a few days in July at Cornwall, N. Y.

Tubercle bacilli in the urine denote the importance of immediately prosecuting further investigations of the urinary system.

OFFICIAL TRANSACTIONS

OF THE

ONE HUNDRED AND FORTY-SEVENTH ANNUAL MEETING

OF THE

MEDICAL SOCIETY OF NEW JERSEY

At Spring Lake, N. J., June 10, 11 and 12, 1913

FIRST DAY.

June 10th, 1913.

MEETING OF THE HOUSE OF DELEGATES.

The meeting was called to order at 10:30 A. M., President Norton L. Wilson, M. D., presiding.

The President then opened the meeting with the following address:

"In opening this one hundred and forty-seventh annual meeting I greet you, and extend a hearty welcome. You have again selected this delightful spot for our meeting place and I am confident the management will do all in their power to make us comfortable and happy.

"To Dr. Schauffler, the chairman of the Committee on Arrangements, I desire to express my personal thanks.

"May I take this occasion also to thank Dr. McAlister, chairman of the Scientific Committee, for his untiring efforts to present an interesting and instructive program; to Dr. Gray, our Secretary, for his efforts to make this meeting successful and enjoyable, and to all of you for honoring me with the Presidency."

After the President's address of welcome, the Committee on Credentials offered the following report:

REPORT OF COMMITTEE ON CREDENTIALS.

The committee has examined the credentials of all delegates thus far presented and find that a sufficient number to constitute a quorum is present. The following component societies have made nominations for permanent delegates to fill vacancies: Essex, Walter S. Washington, Carl E. Sutphen; Hudson, Chas. H. Finke, Wm. F. Faison, Wallace Pyle; Salem, John F. Smith. The credentials being in due form, we recommend their election. Reporters whose names are presented in the program are eligible to the privileges of annual delegates.

H. A. Stout,
J. B. Harrison,
Credentials Committee.

Regularly moved and seconded that the report be received, which was carried.

Dr. Schauffler, chairman of the Committee on Arrangements, made a short notice of

the arrangements—that during the meeting there would be provided a drive for the ladies to Lakewood, and announced the Annual Banquet.

The Secretary moved that the minutes of the last annual meeting, as printed in the August, 1912, number of the Journal of the Medical Society of New Jersey, be adopted, with any errors or correction excepted. This motion being seconded, it was carried.

The Recording Secretary read the report on Permanent Delegates as follows:

REPORT ON PERMANENT DELEGATES.

The Society had at the beginning of the year 134 permanent delegates. During the year six have died, as follows: Dr. Joseph Tomlinson, Cumberland; Drs. Joseph C. Young and Richard P. Francis, Essex; Dr. James A. Exton, Hudson; Dr. Ambrose Treganowan, Middlesex, and Dr. Henry Chavanne, Salem. One delegate resigned, Dr. Frank D. Gray, Hudson. One delegate has been dropped from the roll of a component society, owing to his removal from the state, Dr. John C. Parsons, Hudson.

Under the Constitution component societies may nominate to fill vacancies occurring in years other than those specified for the nomination of permanent delegates. Those having so nominated are: Essex, which nominates Drs. Walter S. Washington and Carl E. Sutphen; Hudson, which nominates Drs. Wallace Pyle, Wm. F. Faison and Charles H. Finke, and Salem, which nominates Dr. John F. Smith. All of these have presented properly executed certificates of nomination.

Thomas N. Gray, Secretary.

It was moved, seconded and carried that these men be elected as delegates, it being also moved that the Secretary cast the ballot, which he did in the affirmative.

Dr. David C. English, of Middlesex County, asked for the privilege of reporting that Middlesex County had nominated Dr. Edgar Carroll, of Dayton, to fill the vacancy caused by the death of Dr. Ambrose Treganowan. He said that the credentials should have arrived Monday night, but did not. It was moved that if the credentials arrived before the meeting closed they be taken up and acted upon; otherwise to be taken up next year. Carried.

Dr. Edward B. Grier presented the report of the Committee on Business as follows:

REPORT OF COMMITTEE ON BUSINESS.

Your Business Committee begs to report that very little has been brought to our attention, but we have carefully considered how we can increase the income from the Journal. The President requested a meeting, at which time Dr. Chandler met with us, and we carefully went over the subject. At one time we hoped that we might increase the income by securing some advertisements from personal friends, but we were unable to obtain any results.

We feel that the only way will be to get some good broker and pay his commission. While we realize this costs money, it seems the only way to obtain the result so much desired by the President.

Respectfully submitted,
E. B. Grier, Chairman.

On motion the report was received:

The Committee on Program presented the following report:

REPORT OF COMMITTEE ON PROGRAM.

The Committee on Program presents the program sent to members, exchanges and advertisers, and which is now in the hands of those present, as its report, and in doing so wishes to give voice to its thanks to the Scientific Committee for its prompt work and its co-operation.

As stated in the announcements, the program is arranged with allowance for the fact that members come to the annual meeting for social pleasure, relaxation from work and to renew old friendships and to form new ones, as well as for scientific discussion. A fewer number of papers are presented than heretofore, and by promptness in attendance, and enforcement of the rule relating to the time allowance for papers and for those taking part in the discussion, and that limiting members to but one speaking on a subject, the program of each meeting of the house of delegates and of each general session, can be finished on time and the members disperse for post-discussion or social pleasure.

The committee feels that if any part of the program is laid over to another time it should be that which is unfinished in the meeting of the house of delegates, when the hour for the general session arrives. The men who have places on the scientific part of the program, have spent much time, thought and care in the preparation of their papers, and it seems unfair, if not discourteous, to them and to the Scientific Committee, to take the time allotted to them in order to keep up a discussion on a matter of business in the house of delegates. The committee, therefore, in presenting the program as its report, also presents it as the order of business for each meeting of the house of delegates; general session; and day, and moves its adoption as such.

Thomas N. Gray, Chairman.

The report was received and the motion it contained carried.

Dr. Alexander McAlister reported for the Committee on Scientific Work, as follows:

REPORT OF COMMITTEE ON SCIENTIFIC WORK.

Your committee has carefully prepared the pro-

gram, and the members will notice that there are fewer papers than heretofore; as in former years more papers have been presented than could be properly discussed. The committee chose the symposia as promising great interest and discussion. The committee wishes to thank all those who have contributed papers to the program, and also to thank all who have given aid to it. The committee has one disappointment to announce: a telegram having been received that Prof. Fischer had been operated on for an acute appendicitis, and would be unable to give his promised oration. The committee, however, has succeeded in securing Prof. Alfred Stengel, of the University of Pennsylvania, to take Prof. Fischer's place.

Alex. McAlister, Chairman.

The report was received and on motion the Secretary was instructed to write to Professor Fischer, tendering him the disappointment of the society, and wishing him a speedy recovery. The Scientific Committee then presented reports from the following county reporters, which, on motion, were received. For reports see Addenda.

Dr. David C. English read a letter received from Dr. H. Genet Taylor, saying that on account of illness he would not be present at the meetings of the Board of Trustees of the society, and the Secretary read a postal received from Dr. Taylor, who is chairman of the Committee on Honorary Membership, saying that as there were no names offered at the meeting last year there was no report for the committee to make.

It was moved that the compliments and best wishes of the society be tendered to Dr. Taylor and his report be accepted. Carried.

Dr. David C. English, chairman of the Committee on Prize Essays, announced there was no prize essay this year and the reason would be announced later.

Dr. William J. Chandler offered the following report of the Committee on Publication:

REPORT OF COMMITTEE ON PUBLICATION.

The work of the committee has progressed during the year with nothing of exceptional interest to be noted. The issues of the Journal have been mailed quite regularly and very few copies have failed to reach the members whose dues were paid. The total issue of the Journal amounted to 652 pages of reading matter and 120 pages of advertising.

Our expenses have been as follows:

Orange Publishing Co.	\$1,983.21
Editor's salary and expenses..	900.00
Gratuitous reprints	47.00
Typewriting and assistance...	62.55
Advertising commissions	18.70
Miscellaneous	16.68
	<hr/> \$3,028.14

Our receipts have been as follows:

Advertisements	\$1,145.77
Extra copies and subscriptions	16.60
	<hr/> \$1,162.37
Net cost of the Journal.....	\$1,865.77

The net cost this year is \$200 less than that of last year. The receipts from sales, advertisements and extra subscriptions are about the same. We have increased the number of our advertising patrons and have sought to make our readers realize that the advertisers have a right to expect the patronage of our members. In order to make our Journal attractive to the advertising trade we must give some assurance that the advertisements will be read. In a recent conversation with one of our members concerning methods for increasing our advertising, I asked if he had noticed a card in the advertising columns. His significant and somewhat discouraging reply was, "Oh, I never read those pages." How can we expect business men to advertise their instruments, books, pharmaceutical preparations, sanatoria, etc., etc., if they think that our readers "never look at them."

It is the duty of all our members to aid in sustaining the Journal. One way in which they can do this is to read the advertising columns and note what is there. If they decide to make purchases let them give a due preference to those who patronize us. And, more than that, let them know that they SAW THE ADVERTISEMENT IN OUR JOURNAL.

We have repeatedly asked you to endeavor to secure new advertisements for us, but our pleas seem to be useless, or your efforts are without success, for not a single advertisement has come to us, so far as we know, outside of those obtained by the publication committee. Some of you have written to us and suggested methods to obtain advertisements. We appreciate this, because it at least shows that you have heard our request and have given it consideration. Others have sent long lists of business concerns, and suggested that we interview them. Still others have made a single call at some pharmaceutical house, or at an automobile salesroom and then have dropped the matter. This is all very well, as it shows an interest, but the hard work, the "follow-up" to secure the advertisement is a much more difficult task. The most common reply to our suggestion is, "I have no time nor taste for this kind of work. Employ a regular advertising agent." I would say that we have an advertising agent, but he has gotten no new business for us this year. Advertising agents do not like to work for the "state journals." They say that their circulation is not large and is always restricted mainly to one state. There is truth in this and it works against every State Journal. If then we would obtain advertising business we must secure it for ourselves. Many advertisers appreciate the fact that a state journal is the best advertising medium for them to use to the physicians of that particular state, as its circulation among the medical men of that state is larger than that of any other, and generally of all other medical journals combined. If you are unable or unwilling to lend your aid in the active work, you can at least read the advertising pages, consider whether they present anything that

you need, and in so doing you will decidedly increase the value of your journal as an advertising medium.

Several papers read at our last meeting have not been published in our Journal. The reason for this is that they were in some manner obtained by other journals and published therein before they had appeared in our Journal. It should be thoroughly understood that all papers appearing on the program or presented at our annual meetings thereby become the property of the Society and the using of these papers by anyone without the written authority of the Committee on Publication is a violation not only of the by-laws, but of the eighth command of the Decalogue. Where the fault is that of the writer it should be more severely penalized than by mere non-publication in our Journal.

It is not a difficult matter generally to arrange for the simultaneous publication of a paper in two journals, and where a paper is of unusual merit, or where the writer wishes to have it appear in another journal, he has only to acquaint the Publication Committee or the editor with that fact and they will attempt to secure the simultaneous issue. Any other course is objectionable, illegal and is likely to result in the failure of that paper to find a place in the printed record of our proceedings.

The American Medical Association is seeking, through the manager of its advertising department, to establish a co-operative medical bureau, the object of which would be to secure advertising for all the state journals. In order to do this it would be necessary to have some adjustments made in the rates to adapt them to the varying size of page, circulation, etc. It would be better for this purpose if all the state journals had a uniform size of page. If our Society should think well of this arrangement it might be advisable to change the size of our type page. For the purpose of reprints it would be an advantage to have a wider column than that of our present journal. The subject will be discussed at the coming meeting of the A. M. A. and will be given full consideration by your trustees and the publication committee.

The change in the fiscal year of the Society and of the component societies made necessary a corresponding change in the year of the Journal. The present volume of the Journal, which began with the issue of June, 1913, will end with the December number, 1913. It will be a smaller volume than usual—consisting of seven instead of twelve numbers. Thereafter the Journal year will begin and end with the calendar year and thus correspond with the Society's year. These changes in the fiscal year of our Society, its component societies and the various departments associated with them have been brought about with great uniformity and harmony, and will result in fewer misunderstandings and a far more orderly arrangement of the work for all concerned.

We would again call attention to the notice printed at the head of the editorial column of every issue of the Journal that: "All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal, books for review, advertisements, or any matters pertaining to the business management of the Journal should be addressed to

William J. Chandler, M. D., South Orange, N. J." The editor has his time fully occupied with the purely literary work of the Journal and all the business management is left with the committee on publication. It will facilitate the work of the Journal and tend to the prompt correction of errors if our members will occasionally read this notice. One member of a component society wrote to its secretary complaining that he never got any notices of their meetings nor did he receive the Journal, although his dues were paid. It seems that two years ago that member went up to New York State and had his address changed correspondingly. After a few months he returned to his former residence in this state, but sent no notice of a change of address. His journal has gone regularly to the N. Y. State address and it is very clear that neither his county secretary nor the management of the Journal was at fault.

We cannot close this report without calling attention to the faithful and efficient work of our editor, Dr. David C. English. He has given most freely of his time and strength to make this Journal a production worthy of this Society. His editorials are pertinent and sound. His selections are judicious and valuable. The standing of our Journal among the State journals is high and to Dr. English, more than to any other man is this distinction due.

Wm. J. Chandler, Chairman.

It was moved and seconded that the report be received, which was carried.

The Committee on Hygiene and Legislation, through Dr. Luther M. Halsey, chairman, requested, as the acting chairman is not present, that the society wait until he arrived for the presentation of its report.

It was moved, seconded and carried that the report be deferred until Dr. Costill be present to present the report.

Dr. F. C. Jacobson, delegate to the Moving Picture Congress, presented the following report:

REPORT OF DELEGATE TO MOVING PICTURE CONGRESS.

May 17th, 1913.

Dear Doctor Wilson.

The "Motion Picture Congress" was held as per schedule. About sixty persons, representing many organizations and including a considerable number of moving picture exhibitors, were present. The organization of the meeting had received much care as was evidenced by the smooth and direct way in which the business was conducted. Judge Northrup presided. The discussion was partly prearranged and was from many and varied standpoints. It was evident that there were conflicting interests but the desire to get together was strong.

The only real action was a decision to appoint a committee of about twenty persons to frame and attempt to get through the Legislature proper legislation. The chair was authorized to appoint several members as a nucleus of that committee and these should appoint additional members representing the varied interests to form the full

committee. It was assumed that most of the work would be done by subcommittees, but that the larger full committee was essential to pass on ways and means and to be representative.

Very truly,

F. C. Jacobson.

On motion the report was received.

The Special Committee to Consider the Health Laws of the State, submitted the following report, through Dr. Gordon K. Dickinson, chairman:

REPORT OF COMMITTEE TO CONSIDER THE HEALTH LAWS OF THE STATE.

To Members of the New Jersey State Medical Society:

Your committee, appointed to make recommendations in relation to the desired changes in the State Health Law, report as follows:

There has never been a complete and satisfactory revision of the laws of New Jersey affecting the health of the people of the State.

An act was passed in 1887 establishing State and local boards of health and a bureau of vital statistics, and defining their respective powers and duties, and numerous amendments, supplements and independent statutes relating to the subject have been enacted since.

The 1887 act referred to was a creditable piece of work and in a large measure, satisfied the conditions it was intended to meet at that time, but it and the other legislation referred to cannot be considered as providing an adequate system of health law. As a matter of plain fact, the entire system as at present constituted is incomplete, unsatisfactory and inadequate.

Your committee feels that there should be a complete revision of these laws, or there should be the enactment of supplemental legislation of a comprehensive character creating a thoroughly up-to-date health system for the State.

In January of this year, the Governor of New York State appointed a special commission, consisting of eminent students of the health problems of that State to make recommendations as to changes in its public health laws. This committee submitted a lengthy report of recommendations to the New York legislature, the recommendations of which were embraced in a legislative enactment, a copy of which is hereto appended.

The defects in the New York system attempted to be corrected by this legislation are in a great measure the defects of New Jersey's present system.

We therefore recommend that a committee of ten be appointed to take up the matter in our State, this committee to submit its recommendations in the form of proposed legislation for the consideration of the next session of the legislature.

Among the recommendations of the New York Commission (with some slight modifications made by this committee) which we believe should be provided for and covered by report of such committee, are the following:

SUMMARY OF RECOMMENDATIONS.

1. There should be appointed a State Commissioner of Health, who shall serve for six years, with a proper salary; he should be either a physician or a recognized authority in public health work, and should not be permitted to practice medicine or have any other occupation which might interfere with his official duties.

2. There should be created a State Public Health Council of seven members, including the State Commissioner of Health, the Commissioner of Education, and the Commissioner of Charities, and three physicians and a Sanitary Engineer to be appointed by the Governor. This council should have power to adopt public health regulations, but should not have executive, administrative or appointive powers.

3. The Commissioner of Health should be charged with the duty of supervising the work of all local health authorities in the State.

4. The State should be divided into sanitary districts, for each of which the State Commissioner of Health should appoint a sanitary supervisor who should not be permitted to practice medicine or to have any other occupation which might interfere with his official duties.

5. The State Public Health Council should be authorized to establish qualifications of eligibility and conditions for appointment to the position of local health officer.

6. Health officers of municipalities should be specifically charged with the performance of the following duties: (a) an annual survey and a continuous sanitary supervision of the territory within their jurisdiction. (b) Examination of all school children as soon as practical after the opening of each school year. (c) Inspection of school buildings and all places of public assemblage and report on their condition and needs to those responsible for their maintenance. (d) Popular education as to public health. (e) Securing full reports of communicable diseases and full registration of births and deaths. (f) Enforcement of the public health law and the regulations of the Public Health Council in the territory within their jurisdiction.

7. The model statutes for the collection of vital statistics and the registration of births, recommended by the United States Census Bureau, modified slightly to meet New Jersey conditions, should be adopted.

8. Each local board should be given specific authority to employ one or more trained nurses to act as infant welfare nurses, school nurses, tuberculosis nurses and generally, at the request of physicians or health officers, to visit the sick who are otherwise unable to secure adequate care, and to instruct other members of the households in the care of the sick, and in the prevention of infection and disease. The State Public Health Council should establish qualifications of eligibility and conditions for appointment of such public health nurses.

9. The statute should require certain divisions in the State Health Department and define the qualifications of the heads of such divisions.

10. The tuberculosis law should be amended as follows:

(a) Authorize nurses, teachers, landlords and laymen generally to report to health officers for inquiry and examination any persons under their observation who appear to be suffering from tuberculosis.

(b) Authorize local authorities to employ trained nurses for the sanitary supervision of households in which there are reported cases of tuberculosis, and for the discovery of unreported cases.

(c) Require local health authorities to initiate proceedings against physicians who fail to report cases.

(d) Make the original report of a case by a physician as simple and easy as possible.

(e) Provide for the compulsory removal and detention of careless tuberculosis patients, and any others whose conditions render them dangerous.

11. Additional provision should be made by the State for strictly incipient cases of pulmonary tuberculosis.

12. Each county with a population exceeding 25,000, not otherwise adequately provided with local tuberculosis hospitals, should proceed at once and with all diligence to establish and maintain a county tuberculosis hospital.

13. The State Health Department should be provided with sufficient land, and equipped with adequate facilities for making examinations and analysis for local health officers and for original research. It should also be authorized to enter into contracts with laboratories in several portions of the State, conditional upon the maintenance of standards of efficiency outlined by the Public Health Council, for prompt examinations, analysis and reports of specimens sent by local health officers.

14. Local authorities should be strongly and repeatedly urged to provide contagious disease hospitals (in addition to tuberculosis hospitals). The State Department of Health should be charged with the duty of periodically inspecting such hospitals and of reporting their conditions and needs to the authorities responsible for their maintenance, and the Public Health Council should make regulations as to their administration.

15. The proposed Public Health Council should have power to regulate the practice of midwifery.

16. The written reports of public health officers, nurses and inspectors on questions of fact under the public health laws of the State or under any State or local health regulations, should be made presumptive evidence of the facts so stated, and receivable as such in all courts and places. The persons making such reports should be exempted from personal liability for the facts so stated, provided they have acted in good faith.

17. The educational work of the State Department of Health should be greatly extended and strengthened, particularly on the line of authoritative popular education as to the nature and methods of control and prevention of prevalent diseases.

18. By establishing standards of qualifications of public health officers and nurses, and in other ways, the State Public Health Council should encourage the educational bodies of the State to maintain special courses of study and training in sanitary science and public health work for physicians, nurses, engineers and others proposing to engage in public health work, in any of its branches.

19. A system of medical examination, at least of male applicants, as a condition to securing a marriage license, should be established.

20. Housing in cities should be regulated.

21. The better protection of water supplies should be established.

22. The study of disease carriers (flies, mosquitos, etc.) and the proper methods of extinction should be established.

23. There should be established a careful regulation of all slaughter-houses, stables and other places where manure may accumulate and offense develop, together with conditions giving rise to diseases in animals dangerous to man.

These specific recommendations are practic-

ally taken literally from the report of the special New York State Commission.

The committee to be appointed in accord with our recommendations should not be confined to the matters herein specifically enumerated, however, as careful study of our present laws and the needs of our people may suggest numerous other propositions requiring treatment.

If the provisions of the State constitution will permit, the new legislation should vest power in the State Council or Board of Health of Health (recommended to be created) to enact regulations affecting health and sanitation in its discretion; and should further make the enactment of local health and sanitation regulations subject to approval or revocation or modification by the State Council or Board.

We make this report, having in mind the fact that the most important concern of the State is the health of its people—a fact that cannot bear contradiction.

The reason we urge the appointment of a committee to take this work in hand is that the task is a big and an important one and will require serious attention. It is, further, work that will not be done unless taken up by the medical men of the State. There cannot in the very nature of things be any organized attempt to meet the conditions presented, except through the assistance and medium of our profession, and the revision of the laws desired will not come unless it is made "somebody's job to do." The committee should be empowered to engage counsel to assist in its labors in the discretion of the committee. If it is determined to appoint a committee as we recommend, we suggest that such committee include in its membership at least one member of the present State Board of Health and one sanitary engineer.

Respectfully submitted,

G. K. Dickinson,
George E. McLaughlin,
F. D. Gray,
E. Guion,
W. G. Schauffler.

June 10, 1913.

Dr. William J. Chandler wanted to know why a committee of ten was recommended. Dr. Dickinson replied that out of ten you could get many thoughts. He also requested that this report be printed by the editor of the State Journal and sent around.

Dr. Gordon K. Dickinson: I would like to say that at the next meeting of the State Sanitary Association I am going to endeavor to have this paper brought up and discussed. Now is the time to finish it up, and not carry it, as it has been, year after year.

Dr. F. D. Gray: Regarding the size of the committee, there is another thing to consider: this whole proposition means within the next year or two a campaign—State wide—to influence public opinion, and to better legislation, when the Legislature is in session. A committee of ten, selected with good judgment from all over the State, will carry a large amount of influence.

Dr. English: I feel that the committee

should be congratulated for the excellent work they have done, and I think our society is to be congratulated that we have at a rather late date taken up this question, as it is a question of vast importance, for consideration and action. I merely want to call attention to the fact that the Medical Society of New Jersey was the pioneer in health work in this State. I remember having had long talks with Judge Lanning, of this State, than whom there never was a better member of the State Board of Health, no one who better understood the importance of this work and the need of changes in conducting it. He made some remarks that impressed me deeply. He said: "Dr. English, the medical men of New Jersey were the pioneers in this movement, and New Jersey stood in the forefront of all the States in the Union in legislation for public health, and it is high time that New Jersey regains the position it has lost; allowing other States to take precedence over it. The State of New Jersey is splendidly located for a perfect Board of Health, small in size, between the two great cities of New York and Philadelphia, we ought to have a health department that would be a credit to the State," and he drew a bill, something similar to this bill proposed, for a Health Commissioner and Advisory Council. That was several years ago and lacks in present day requirements. I merely throw out these remarks to emphasize the thought that it is high time for the medical men of New Jersey to exercise their influence in medical legislation, in public health legislation and public health administration in the State of New Jersey.

It was moved and seconded that the report be received and the recommendations be adopted, and that the committee be appointed by the President and the report referred to it. Carried.

Committee on Medical Inspection of Schools, through Dr. William G. Schauffler, chairman, reported as follows:

REPORT OF COMMITTEE ON MEDICAL INSPECTION OF SCHOOLS.

Mr. President and Gentlemen:

At the last annual meeting a committee was appointed to consider the question of proper supervision of medical inspection of schools in this State. The committee, consisting of the following members of the society, Drs. Ayers, Holmes, Hunt, MacDonald and Schauffler, met in September, and after carefully going over the ground, drew up a statement which was to be the basis of inquiry and discussion.

Dr. Edward A. Ayers was elected secretary of the committee, and it was he who gathered the data and put in shape a series of resolutions

showing the necessity and advantages of supervision. The resolutions were thoroughly discussed at a joint meeting of your committee, with members of the legislative committee of the State Medical Society, the Sanitary Association, the State Board of Health, and the State Board of Education, and the form of a bill was agreed upon to be introduced in the legislature. The bill was introduced about the middle of the session, and referred to the Committee on Public Health. For some reason it was never reported. Appended hereto are copies of the resolutions and the bill.

Respectfully submitted,
W. G. Schaufler, Chairman.

Memoranda for use of the Medical Inspection Committee of the State Medical Society of New Jersey.

Assuming the adoption by our committee of the proposed "act" creating a State Supervisor of Medical Inspection, in which the gradual formation of "rules and regulations" will devolve upon that officer and his advisors, it would seem that the duties of our committee are largely limited to a determination of the powers, limitations and relations of such State supervisor.

Such officer must be given power to formulate rules and regulations, with approval of either the State Board of Education or Health. We seem agreed that the office should be under the education board.

1. Should there be any exceptions?

To decide this we must consider certain possible ultimate features of medical inspection work not now undertaken. Thus, for securing the most complete results in vaccination, dentistry, eye-glass prescription, etc., particularly vaccination and dentistry among the poorer classes, a modified free, or low priced, service by a public officer would be more thorough than where it is left to pupils and parents to have it done under private practice. This has its pros and cons, but such method is pursued now to some extent by the New York Health Board, for example.

Suppose a large city health board undertakes to perform work that in general belongs to medical inspection under the State Board of Education, what legal confusions are possible, and can they be met in our proposed "act"?

To secure a co-ordinate State system, with uniformity in all printed matter used in school inspection and consequently serviceable vital statistics, it seems necessary for the State supervisor to exercise control over all districts without exception. Will Dr. Hunt prepare to enlighten us as to the reading of any statutes bearing on the power of city health boards to take medical school inspection out of the control of the State supervisor and State Board of Education as our proposed "act" plans?

2. Assuming the enactment of our proposed "act" creating a State supervisor, is any legislation needed in alteration or addition to present statutes relating to the State Departments of Education and Health?

Present law specifically exempts local health boards from closing schools and gives that power to local education boards, but says nothing as to the medical inspector having any word, influence or power therewith.

Keeping a school open during an epidemic is, I understand, considered in England as better than closing, the better to quickly discover new cases of diseases. Should the consent of the local medical inspector be necessary to closure, or should he only advise?

There are quite a number of suggestions pertaining to medical school inspection which I have jotted down, but they all pertain to the hereafter work of our State supervisor in formulation of rules and regulations, and scarcely seem pertinent to our committee's work.

One I may mention: It is desirable to have all medical inspectors give exclusive attention to such work and not practice medicine. To accomplish this in rural districts, like Sussex County, where there are ninety-eight schools and 5,000 pupils, would it not be feasible to have—say three inspectors giving all their time? This would cost something less than \$2.00 a pupil.

Our next meeting is in New York in November, and I request Dr. Schaufler send us notice soon of the date, and suggest that he arrange with Dr. MacDonald as to the place. I am engaged to give a talk on "The Teachers' Part in Medical Inspection of Schools," to the teachers of Sussex County in the institute meeting on November 12th, but can attend on any other date.

I venture to suggest that Dr. Hunt have our proposed "act" examined by the proper legal officer before we meet in New York.

Respectfully submitted,

Edward A. Ayers.

THE PROPOSED BILL.

A supplement to an act entitled "An Act to establish a thorough and efficient system of free public schools and to provide for the maintenance, support and management thereof," approved October nineteenth, one thousand nine hundred and three.

Be it enacted by the Senate and General Assembly of the State of New Jersey:

That there shall be in the State of New Jersey a State Supervisor of Medical Inspection of Public Schools, who shall be appointed by the Governor and confirmed by the Senate.

The term of office of the State Medical Supervisor shall be five (5) years. The salary of the State Supervisor shall be \$4,500.00 per annum, and said salary and necessary travelling expenses shall be paid out of moneys not otherwise appropriated by the legislature for that purpose.

No person shall be nominated by the Governor to serve as medical inspector unless said appointee shall be a legally qualified practitioner of medicine of at least three years' residence in the State of New Jersey.

The State Supervisor of Medical Inspection is authorized, with the advice and consent of the State Board of Education, to (1) appoint a clerk or clerks from an eligible list furnished by the Civil Service Commission.

(2) Formulate rules and regulations for carrying out the laws upon the statute books, or which may hereafter be enacted, relative to medical inspection of schools.

(3) He shall hold stated meetings of medical inspectors of the State for conference upon ways and means for promoting thorough inspection of schools, said meetings to be held at such times and places as may be convenient.

It was moved that this committee be given power to act in the coming year.

For the Committee on the Economic Welfare of the Medical Men of New Jersey, Dr. Horace G. Norton, chairman, submitted the following report:

REPORT OF COMMITTEE ON THE ECONOMIC
WELFARE OF THE MEDICAL MEN
OF NEW JERSEY.

Carrying on the thought in Dr. Wescott's paper, showing how little the State regards the physician, witness the passage of Bill No. 157, requiring the State Board to examine any foreign physician in his own tongue. Will you pause a minute to see what this means? A foreign physician can come to this country, invited by no one, to compete with English-speaking Americans, and be licensed by an arm of the State to treat her citizens, the language and customs of most of whom he understands very imperfectly if at all. To conduct an examination in all the foreign languages and dialects of Europe, which technically this statute compels the State Board to do, would require an army of interpreters. It was troublesome to have this bill repealed—the foreign vote is needed by professional politicians, the divided vote of intelligent, educated citizens neglected. The medical law of Rhode Island was suspended by her superbly gullable Governor to let Frederick Franz Friedmann in the State.

Dr. Wescott gave the figures of the patent medicine industry, the great American fraud, a fake industry. These industrious fakers manufacture \$141,942,000 worth of worthless goods. Who pays for all of this? The sick man or woman, who foolishly diagnoses his own disease and allows a stranger, whose interest it is to make and sell these "remedies" to prescribe for him. For what purpose? Gain and gain only to the vender. As Dr. Wescott stated \$5,410,000 worth is manufactured in New Jersey. What a power this trade is, resolutely organized to oppose and thwart our work, and even influence the legislatures. It is our business to denounce this fraud and encourage such papers as aid us by exposing such fake cures, e. g., "Frank Leslie's" and "Collier's." The volumes published by the A. M. A. are very valuable. Every physician's waiting room table should contain them, for people will read them while waiting. I am afraid you won't believe me, but a minister asked me to get him a copy.

As practitioners and health purveyors we can rejoice that State records show that the death rate is diminishing; life prolonged; health preserved; earning power augmented; State enriched, etc. On the other hand, quoting Dr. Wescott, "the sale of these patent medicines affords without restraint the business man an opportunity to deal in formulas without any responsibility whatever."

Now, in order to repulse the invader of our State, our homes, and to conserve the lives of her citizens, we must teach the danger of these remedies, their general worthlessness and this unscientific manner of treating disease. We must be united in sustaining our Legislative Committee in its arduous work. It was a work of love which prompted our Halsey to give so much time this way, often unappreciated. It is the same generous feeling which impels Dr. Costill to neglect his personal work for the legislative work of our Society. Let us, at least, cheer them on. We can never repay the self-sacrifice of these two men, except by the plaudit "well done."

The following letter and my reply means a lot: "Dear Sir:—

"I am a practicing optician in Chicago, having done the refracting in my father's office. I am arranging to go into practice in your State as

soon as I can settle matters here. Please favor me with information regarding the requirements of the State Board of Health in your State pertaining to opticians and greatly oblige.

"Yours truly."

"Dear Sir:—

"As far as I know there is no law governing the practice of optometry in the State of New Jersey. If you are a doctor, it will be necessary for you to take the regular State Board examination.

"Very truly."

Note how our law discriminates against the graduate physician. A doctor must study medicine for four full years and pass a State Board examination; these fellows want to take up work for which they are not equipped and which they do not understand, and to follow it unmolested. This brings me to urge the amending of the Medical Practice Act, which we have outgrown. In preliminary academic requirements twenty-two States now require one or more years of college training. We simply require a four-year high school training, and have had trouble to maintain that standard.

Our midwifery bill, the Attorney-General and several lawyers tell me, is practically useless, and should be re-drawn. The present bill has many good points worth preserving. Thanks to the Legislative Committee, the Medical Bill has been amended in two important particulars. We would suggest two other amendments, i. e., raise the academic requirements and define the practice of medicine, about as our A. M. A. recommends, thus shutting out the unqualified. Did you ever think of the "hangers on" to our medical camp and of how little use they are except to themselves?

Join your Medical Society and attend its meetings. This committee should work in harmony with your Legislative Committee. Each physician in the State should have prompt notice when our rights are invaded, and then he should act at once and in concert with others as interested as himself. Perhaps the editor of our Journal could assume a new care and upon receipt of any notice from your committee, send a circular to each member in a few hours. Let us endeavor to have some physicians in the Legislature and support them because they are physicians.

We sanction and urge the adoption of the suggestion of Dr. English in the May Journal—"the change of title and scope of duties of one of our standing committees, from Committee on Public Hygiene and Legislation, to Committee on Legislation and Enforcement of Medical Laws and the addition of a new standing committee on public health and public education, defining its duties in connection with public health administration and in connection with education in its relation to the health of pupils."

We believe this Society should imitate the example set by the Medical Society of the County of New York and prosecute offenders, quacks and pretenders, by the employment of a good criminal lawyer, and two detectives, a man and a woman, whose duty it should be to follow up clues and secure evidence. The Society should pay the bill. Possibly the fines imposed on the offenders might come to the Society and largely aid in meeting the expense. The fees in New York last year were \$4,100. This is a duty we owe to the profession at large—to hunt down the ranks of the army of quacks, who mostly rob the poor, taking from the wasted and feverish

hand the paltry coin, perhaps the last earned dollar.

The hospital and dispensary situation is open to criticism. Often the hospital will say to the public, "All hands come in when you are sick and we will doctor you gratis." To the physician they say, "We will give you the honor of doing all this work for us, as long as you will do it for nothing." The invitation comes from a layman's board, anxious to issue a good annual report of cases cured and wonderful surgical operations. Rich and poor avail themselves of this opportunity. Who suffers? Who is the loser? Surely twenty-five per cent., probably fifty per cent. of these patients could afford to pay. Should they? Or shall they be permitted to lie, steal and debase themselves. I mean the financially-well-to-do pauper, he who has lost all sense of honesty and honor.

To whom is the Panama Canal due? Is it due to the energetic President so opposed to faking, so progressive. No! Is it not entirely due to the physician who discovered the yellow fever carrier to be a mosquito? In view of this and other similar discoveries, who dare say the medical profession is not a producing profession?

Social and economic changes are occurring with great rapidity—the traditional notion that the doctor should eschew politics must evidently go. The very law of self-preservation compels him to take the matter in hand. That biblical saying, "God helps him who helps himself," applies to him as an individual, as forcefully as any other member of society. Therefore we endorse any practical plan to put physicians into both of our legislative bodies.

Nothing is so important to the medical profession, nothing is so vital to the welfare of the State, as that its laws shall properly define what is meant by the practice of medicine. The definition should be simple, but at the same time comprehensive enough to exclude all who do not measure up to the one high standard.

In conclusion, if our organizing and banding together and prosecuting fraud, protecting the sick and needy (and ultimately by untiring vigilance make possible the very existence of our State) earns for us the title "Medical Trust," let us accept it as a trust from God to man, and so conduct ourselves that the Apostle's words "Whatsoever things are true, whatsoever things are just, whatsoever things are pure, whatsoever things are lovely, whatsoever things are of good report," shall apply to our profession.

Horace G. Norton, Chairman.

It was moved and seconded that the report be received, printed in the Journal and its recommendations adopted.

It was suggested that, as the society had voted for a committee to hasten action looking toward a good board of health law, and as such matters would properly be board of health matters, the report be referred to the committee of ten, just ordered, and the former motion being withdrawn, a motion to so refer was carried.

The Corresponding Secretary presented the following report:

REPORT OF CORRESPONDING SECRETARY.

The Corresponding Secretary reports that he

has attended to the duties devolving upon him during the past year.

Harry A. Stout.

June 10, 1913.

On motion the report was received.

The Recording Secretary made the following report:

REPORT OF RECORDING SECRETARY.

On September 15, 1912, the Society numbered 1458. On May 10, 1913, eight months later, the membership is 1471, a gain of 13. Since the closing of the membership list 14 more names have come in, making the total at the date of this report 1484, but this report is made on the returns May 10th. In this eight months, 110 new members were added, and 18 were reinstated. The loss from death has been unusually heavy—22. There have been 10 resignations and removals and one expulsion. The number of delinquents is 82. Had the treasurers of the County Societies succeeded in collecting dues from these delinquents the Society would have numbered 1553, thus for the first time passing the 1,500 mark.

The following societies have gained: Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Hunterdon, Mercer, Ocean, Somerset, Sussex, Union. The following have stood still: Bergen, Cumberland. The following have lost: Atlantic, Middlesex, Monmouth, Morris, Passaic, Salem, Warren. Death had a bearing on the showing of Cumberland, Hudson, Middlesex, Morris, Passaic and Salem.

The deaths were as follows: Joseph Tomlinson, Francis E. Corson, Richard P. Francis, Edwin M. Ward, Joseph C. Young, James A. Exton, Jos. S. Fopeano, Max Hecht, John D. McGill, Wm. J. Parker, Ambrose Treganowan, Samuel Johnson, Chas. H. Thompson, J. Boyd Risk, Rem Lefferts Disbrow, George Fischer, Jacob H. Henggeler, John R. Merrill, Wm. F. Van Deirse, Michael W. Gillson, Henry Chavanne, Chas. B. Holmes.

There are as many, if not more, qualified practitioners in the State, unaffiliated with the State Society, as are affiliated. Every year shows a large number of delinquents. It would seem that the Society can present claims on all qualified medical men for membership in it, on the ground of organization alone. But it is not confined to this argument. It gives to every member the Journal medical defense; the opportunity for scientific discussion and good comradeship; large value for the component society dues and the State Society assessment. Why are men who have been members and to whom no argument is necessary, allowed to become delinquent? I would recommend that each component society have a committee called the Good and Welfare Committee, whose duty it would be to hold on to members already in the Society and do earnest and effective missionary work among the unaffiliated.

Thomas N. Gray, Secretary.

It was moved and seconded to receive the report and to adopt its recommendation. Carried.

The report of the Judicial Council, together with the reports of the councilors, was read by the chairman, Dr. William H. Iszard:

REPORT OF CHAIRMAN OF JUDICIAL COUNCIL.

I am very happy to say there have been no new cases of prosecution to defend during the year. At the same time am sorry "that owing to the change made in the method of employing counsel at the last session, one of the active and prominent members of the profession and a member of the Monmouth County Medical Society has been deprived of the benefits of the Medical Defense Act.

We heartily approve of the method of Secretary Gray in notifying permanent delegates when they are absent one year, that they may not risk being dropped on second year.

Wm. H. Iszard, Chairman.

FIRST DISTRICT.

Newark, N. J., June 9, 1913.

Dr. William H. Iszard, Chairman.

Dear Doctor:—

The following is my report as councilor of the First District.

During the past year ten meetings were attended as follows: Essex, three; Morris, three; Sussex, one; Warren, two, and Tri-County (Morris, Warren and Sussex), one. All of them were interesting and instructive. The scientific work was well maintained. Every county made gains in membership. Morris and Essex evinced much interest in the study of problems of public welfare. The former took up the subjects of Institutions for Tuberculosis in relation to the Community; the reliability of the press as a source of information upon the status of medical science, and the medical inspection of our public schools, while the latter considered the question of the menace to public health of pathogenic infections of dairy products consumed in the county, the matter of sex hygiene and the social evil and the problem of the State and County insane.

In 1911 on the recommendation of its President, Dr. Wallhauser, Essex County appointed a special Committee on Sex Hygiene and Social Ethics, which has been co-operating with a sub-committee of the Newark Board of Health for the betterment of the social evil. It was decided to limit its work to the medical aspects of the problem. As a result, clinics and wards have been established in the Newark City Dispensary and City Hospital for the treatment of specific diseases, and the Wassermann and other tests have been instituted, so that they may be now obtained by any physician upon application to the pathological and bacteriological departments of the City Hospital.

Through a special committee Essex County has been acquiring data on the care, treatment and segregation of the feeble-minded, the care of the alcoholic insane, the overcrowding of the hospitals for the insane, the after-care of the insane and the methods of transportation and handling of patients destined for the hospitals for the insane from the time of their certification to their arrival at the hospitals. This committee has realized the enormous scope of the problem, and while it has only made a beginning in this work it has been able to make a report upon faulty local conditions and methods in the transportation of patients to the insane hospitals. It has been continued another year in order that it may present to the Society some definite plan for the improvements of existing conditions.

Over four years ago the Newark Board of

Health established psychopathic wards in the City Hospital, the first of their kind in the State, where indigent patients may be sent for observation and treatment pending their certification or discharge as the case may be. These wards have been of great benefit to a large number of sufferers, who would otherwise have had to have been confined in police cells pending commitment. No doubt, as in other instances, this special committee will have the co-operation of the City Health Department in its efforts to bring about needed improvements.

In this district are two of the largest institutions for the care and treatment of the insane. Both of them are over-crowded beyond their normal capacities. The Essex County Hospital now has a population of 1,590 on its roll, while its normal capacity is only 1,525. It will only be a few years before it will need additional accommodations.

At the close of its hospital year, Morris Plains had a population of "2,302, over 700 in excess of its normal capacity." Its medical director has given the continued over-crowding prominent mention in numerous annual reports and especially emphasized it in the last, but the attention paid to it has resulted in no relief; nor has any evidence or promise of relief exhibited itself. The patients cannot be afforded the best opportunities for restoration and the percentages of recoveries has already fallen considerably.

As councilor of the first judicial district in which these institutions are located, I feel it my duty to present this matter, of vital importance to the common weal, before the State Society, with the hope that it will take cognizance of it in such a manner as it may deem proper.

During the past year a member of the Essex County Medical Society was sued for malpractice. It gives me great pleasure to state that this case, which was defended by the State Society under the Medical Defense Act, ended by the plaintiff submitting to a voluntary non-suit because of his inability to introduce the evidence of his medical witnesses. It furnishes an excellent example of the value of concerted action and of the moral influence exerted by an united profession against the brazen blackmailer.

Respectfully submitted.

Christopher C. Beling.

Councilor for the First District.

SECOND DISTRICT.

June 9, 1913.

Dear Doctor Iszard:

The condition of the county societies of the second district has been satisfactory during the past year. New members have been gained and a better general co-operation has made itself felt.

The Bergen County Society has had regular and well attended meetings. The Hudson County Society has had the best average attendance in years owing to persistent activity of the secretary. The attendance of the Union and Hudson County Society has been very satisfactory.

No new damage suits were entered during the past year. The suit against Dr. Wilson of Union County, resulted in a victory for the defendant. The legislative committees of Union and Passaic Counties were very active. In Passaic County indictments were found against two physicians for malpractice. Union County and Hudson took a special interest in the osteopathic measure before the legislature. The Legislative Committee of Union County succeeded in driving an irregular

practitioner out of the county. Special efforts against contract practice were made by the Passaic and Union County Societies. No damage suits are pending in my district, and general professional conditions are better than they have been for years.

Edward F. Denner,
Councilor Second District.

THIRD DISTRICT.

The councilor from the third district desires to report that he has during the past year visited the Hunterdon, Mercer and Somerset County Societies and that he found them all in a progressive and prosperous condition. Instructive papers were read on each occasion and the discussions were intelligent and animated. A noticeable feature of all these societies was the prevalence of cordiality and good fellowship. The meetings were largely attended.

Wm. A. Clark.

FOURTH DISTRICT.

Camden, N. J., June 10, 1913.

There seems to be a progressive spirit prevailing among the fraternity in this district. It was my privilege and pleasure to listen to two very interesting papers read before the Burlington County Society on the subject of Specific Therapy in Tuberculosis, with a review of Friedmann's alleged vaccine, by Dr. Albert P. Francine, of Philadelphia, and one on the Limitations of the Various Diagnostic Aids in Tuberculosis, by Dr. H. R. M. Landis, of Philadelphia.

Camden County holds four meetings annually, viz., the second Tuesday in May, October, December and February. The latter is the social session held in the evening and is attended by the wives, daughters and friends of the members. There is always an interesting entertainment provided both for mind and body and a stronger regard and more sympathetic feeling is created among the families of the physicians of the county by reason of these social gatherings.

Many interesting papers have been read during the year and very profitably discussed.

At the last session of the County Society, held at Washington Park on the 13th of May, the doctors were entertained by a very complete illustration and demonstration of the use of the pulmotor, given by Mr. Harry Ellis, of the Public Service Gas Company.

In Monmouth County the peace and quietude of the profession has been disturbed by the wilful prosecution of one of its prominent and active members, to which reference will be made elsewhere.

Ocean County has held its regular meetings, made some accessions and is experiencing a revival of interest and more active work.

While this society is small numerically, it is large in work and influence.

In this district the profession is recognized and honored by the appointing powers of the State as follows, viz., In Burlington County Dr. A. Marcy, Jr., has been appointed on the State Board of Sterilization, on the State Board of Medical Examiners and one of the Examiners of State Health and Inspection Board.

Dr. George Tracy has been appointed one of the managers of the State Hospital for the Insane at Trenton.

In Camden County Dr. Daniel Strock has been appointed by the Board of Trustees medical examiner of the Teachers' Retirement Fund.

Dr. H. F. Palm, Dr. William H. Iszard and

Dr. D. W. Blake are serving on Board of U. S. Pension Examiners, and Dr. Alex. McAlister on State Board of Medical Examiners, and Dr. Paul H. Markley was appointed medical examiner of candidates for Glen Gardner.

Ocean County.—Dr. Schaeffler was appointed on State Board of Education and is now its honored president. He is also on the Governor's staff.

There are others in the district who have received recognition, but whose names and office I have not been able to get.

William H. Iszard,
Councilor of Fourth District.

FIFTH DISTRICT.

Westville, N. J., June 4th, 1913.

Dr. W. H. Iszard, Chairman, Judicial Council.

Dear Doctor:—The County Medical societies composing the fifth district have held their usual meetings during the year closed, the attendance and interest have been good. Many good papers have been read, copies of which have been forwarded to the Journal.

Clinical meetings and demonstrations have been held at the Trenton Hospital for the Insane and the Vineland Home for Feeble Minded Women. Our county societies are availing themselves of the fine opportunities offered by these institutions for clinical studies along lines heretofore neglected, or, at best, given little time or attention.

The societies have amended their by-laws so that the fiscal years now correspond to those of the State society.

The Cape May Society has organized from its membership a business organization to look more closely after the questions affecting the financial side of the profession, the abuse of medical charities, medical inspection of schools, etc. This sort of organization is needed in many of our county societies and when properly conducted, makes for the good of the whole medical profession. The same idea under the name of Society of Medical Economics has been taken up by the profession of New York State upon a broad basis at the suggestion of Dr. Harris, of New York City, and the State societies will all sooner or later follow the example set.

The fifth district reports a prosperous year, and a steady improvement in ethical standards.

Respectfully yours,

James Hunter, Councilor Fifth District.

On motion the reports were received and the report of the councilor of the First District, Dr. Christopher C. Beling, was referred to the Committee on Legislation.

Dr. David C. English submitted the report of the Board of Trustees, which follows:

REPORT OF BOARD OF TRUSTEES.

The Board of Trustees at a meeting held in Newark May 27, 1913, decided to continue the defense of Dr. Wilson if the malpractice suit won by him shall be carried up by the plaintiff to the higher courts on appeal.

At the meeting of the board held last evening, Dr. John W. Ward was elected chairman for the coming year, and Dr. D. C. English was elected secretary. Treasurer Archibald Mercer presented his annual report of the receipts and expenditures during the year ending June 1, 1913, showing receipts, including balance on hand June 1, 1912, of \$7,711.54, and of expenditures of \$4,764.31,

leaving a balance on hand of \$2,947.23, besides one bond valued at present at \$550. He reported the receipt also of \$1,020.21 from the Publication Committee since closing the year's report.

Dr. Alex. Marcy, Jr., and Walter B. Johnson were appointed a committee to examine the treasurer's accounts.

Dr. W. J. Chandler, chairman, presented the report of the Publication Committee which showed the reduction of more than \$200 in the cost of the Journal during the past year. The report was accepted and ordered published in full in the Journal.

Dr. D. C. English was re-elected editor of the Journal for the year beginning July 1, 1913, at the same amount for salary and expenses as before.

Drs. Edward J. Ill, C. R. P. Fisher, D. C. English and W. J. Chandler were reappointed as the Finance Committee for the ensuing year.

Dr. T. H. Mackenzie presented the report of Dr. H. B. Costill, acting chairman of the Committee on Legislation, which was accepted.

Dr. Thomas N. Gray presented his report as recording secretary.

Dr. D. C. English reported as chairman of the Prize Essay Committee that no subject had been agreed upon and no award therefore was made the past year. He said that a subject for an essay would be announced for the coming year early, and on motion the committee was authorized to decide upon and announce the subject for the prize of \$100.

On motion, Mr. Albert C. Wall was engaged as the Society's counsel for the coming year and a retaining fee of \$100 was authorized.

Drs. F. D. Gray, Edward J. Ill and W. J. Chandler were appointed a committee to consider the need of change of methods of procedure in the administration of medical defense.

The Board authorized the payment of \$50 to Lawyer Voorhees, as a retaining fee in the appeal case of Coleman vs. Wilson.

At a meeting of the Trustees, held this morning, the Auditing Committee reported that they had made a careful examination of the treasurer's accounts and found them correct.

The following resolution was unanimously recommended to the Society for adoption: Resolved, That the treasurer, Dr. Archibald Mercer, be authorized to sell at his discretion one Chicago and Alton 3½ per cent. first lien, 50 year, registered gold bond, No. M49, now the property of this Society.

John W. Ward, Chairman.
David C. English, Secretary.

On motion the report was received.

Dr. English, for the Committee on Prize Essay, then made the following announcement:

The committee has tentatively agreed upon the subject of the prize essay for the coming year, with the title possibly changed slightly, but the substance will be this: "The Reduction of Infant Mortality: How Can It Best Be Accomplished?"

Dr. Archibald Mercer, Treasurer, submitted the following report:

REPORT OF TREASURER.

Dr. Archibald Mercer, Treasurer, in account with the Medical Society of New Jersey.

Dr.

1912-13.

June	3	Receipts from Journal.....	\$1,101.20
"	14	Camden Co. add'l payment.	6.00
"	18	Essex Co. " "	6.00
"	19	Camden Co. " "	2.00
July	1	Essex Co. " "	4.00
"	1	Interest Bond No. Pacif., Grt. North., C. B. & Q. Coll....	10.00
"	1	Int. Bond Chicago & Alton..	17.50
"	8	Somerset Co. add'l payment	2.00
"	12	Camden Co. " "	2.00
Aug.	30	Essex Co. " "	6.00
"	30	Camden Co. " "	4.00
Sept.	9	" " " "	2.00
"	17	Middlesex Co. " "	2.00
"	18	Essex Co. " "	4.00
"	19	Hunterdon Co. " "	2.00
"	19	Camden Co. " "	2.00
Oct.	1	Interest Bond No. Pacif., Grt. North., C. B. & Q. Coll....	10.00
"	4	Camden Co. add'l payment	2.00
"	9	" " " "	2.00
"	25	Hunterdon Co. " "	4.00
"	29	Essex Co. " "	8.00
Nov.	6	Union Co. " "	2.00
"	8	Hunterdon Co. " "	2.00
"	8	Passaic Co. " "	10.00
Dec.	3	Essex Co. " "	2.00
"	14	Camden Co. " "	2.00
"	17	Essex Co. " "	2.00
"	19	Morris Co. " "	2.00
"	26	Hunterdon Co. " "	2.00
"	31	Bergen Co. " "	4.00

1913

Jan.	1	Interest Bond No. Pacif., Grt. North., C. B. & Q. Coll....	10.00
"	1	Int. Bond Chicago & Alton..	17.50
"	2	Essex Co. additional payment	2.00
"	4	Camden Co. " "	2.00
Feb.	6	Essex Co. " "	2.00
"	13	Camden Co. " "	6.00
"	14	Essex Co. " "	2.00
"	26	Sale of Bond, No. Pacif., Grt. North., C. B. & Q. Coll....	951.22
"	28	Camden Co. add'l payment.	2.00
Mar.	12	Essex Co. " "	12.00
"	15	" " " "	2.00
"	21	" " " "	1.00
"	24	" " " "	4.00
Apr.	14	" " " "	12.00
May	1	Atlantic Co. assessment.....	120.00
		Bergen Co. assessment.....	120.00
		Burlington Co. assessment....	80.00
		Camden Co. assessment.....	154.00
		Cape May Co. assessment....	46.00
		Cumberland Co. assessment..	66.00
		Essex Co. assessment.....	746.00
		Gloucester Co. assessment....	52.00
		Hudson Co. assessment.....	416.00
		Hunterdon Co. assessment...	40.00
		Mercer Co. assessment.....	140.00
		Middlesex Co. assessment....	90.00
		Monmouth Co. assessment...	86.00
		Morris Co. assessment.....	116.00
		Ocean Co. assessment.....	34.00
		Passaic Co. assessment.....	242.00
		Salem Co. assessment.....	42.00
		Somerset Co. assessment....	58.00
		Union Co. assessment.....	182.00
		Warren Co. assessment.....	48.00
		Sussex Co. assessment.....	42.00
		Bank interest on daily balance.....	28.23
		Balance in bank, June 1, 1912	2,510.89

\$1,000 Bond, Chicago & Alton, 3½%, cost	786.50
	<hr/> \$8,498.04

Cr.

1912-13.		
June	12 Edward F. Denner, Councilor	\$15.50
"	12 T. N. Gray, "	38.44
"	12 W. H. Iszard, "	30.70
"	12 James Hunter, "	33.00
"	12 W. A. Clark, "	6.47
"	12 Alex. McAlister, Leg. Com..	28.50
"	12 W. J. Chandler, Pub. Com...	178.94
"	12 W. J. Chandler, Prog. Com...	74.22
"	12 W. J. Chandler, Rec. Sec'y...	128.65
"	12 A. Mercer, Treasurer.....	16.64
"	12 H. A. Stout, Cor. Secretary..	30.10
"	12 L. M. Halsey, Leg'tive Com.	19.55
"	12 Miss L. Gay, Stenographer...	75.00
"	12 Paul L. ck, Medical Defense..	103.06
"	12 C. M. Robbins Co., Badges...	72.00
"	12 W. Dumont, Med. Defense...	150.00
July	8 Fid. Cas'tly Co., Treas. Bond	12.00
"	15 W. J. Chandler, Pub. Com...	450.66
Aug.	1 T. N. Gray, Rec. Secretary...	50.00
"	1 W. J. Chandler, Pub. Com...	200.00
Sept.	17 W. J. Chandler, Pub. Com...	181.27
Oct.	14 W. J. Chandler, Pub. Com...	390.84
"	10 T. N. Gray, Rec. Secretary...	75.00
"	22 W. J. Chandler, Pub. Com...	118.40
Nov.	10 W. J. Chandler, Pub. Com...	165.31
Dec.	10 E. M. Colie, Medical Defense	90.00
"	31 W. J. Chandler, Pub. Com...	131.69
1913		
Jan.	11 W. J. Chandler, Pub. Com...	287.55
"	22 W. J. Chandler, Pub. Com...	163.14
Feb.	20 W. J. Chandler, Pub. Com...	220.03
Mar.	17 W. J. Chandler, Pub. Com...	164.78
April	15 W. J. Chandler, Pub. Com...	403.12
"	18 F. M. Voorhees, Med. Def'se	240.72
May	13 Albert C. Wall, Med. Defense	250.00
"	21 W. J. Chandler, Pub. Com...	169.03
Cash balance in bank June 1, 1913	2,947.23	
\$1,000 Bond, Chicago & Alton, 3½% cost	786.50	
	<hr/> \$8,498.04	

Respectfully submitted,

Archibald Mercer, Treasurer.

Dr. Thomas W. Harvey asked for information on some items in the Treasurer's report: the total amount paid out for legal defense, the total amount paid the Secretary, and that expended by the Publication Committee.

Dr. Mercer: I cannot tell off hand how much it was. The amount is large, and I would, in view of the fact that the expense may be as large the coming year, recommend that the assessment be made \$3.00. This amount has been approved by the Board of Trustees.

Dr. Harvey: Can we not have the amount expended the past year for medical defense, and how will this \$3.00 be divided? It does not appear how much of this will be used for medical defense.

The President: Can you give them the amount that has been spent in medical defense?

Dr. Chandler: I presume Dr. Mercer means that it will be divided as before, one dollar for subscription to the Journal and two dollars to the society. Subscription to the Journal carries with it medical defense. Medical defense is not given for membership in the society alone.

Dr. English: The Board of Trustees, last night, went over this matter carefully. It found that taking the expense of the past and estimating the expense for the year 1914 an increase in the assessment will be necessary to assure enough money to carry the society through the year.

The President: I think the open meeting has a right to know what the expense of medical defense was.

Dr. Mercer: The medical defense cost \$833.78.

The Secretary: It is necessary to know that this amount was not expended for cases occurring during the year. Some of the cases represented in this amount were over two years old. There was but one new case the past year. The history of medical defense in other States is that the number of cases decrease, not increase.

Dr. Harvey: We have to go back to our county societies and ask the members for more money; they will want to know what it is for.

Dr. English: What we want to bring out is that we need the money for medical defense. We can go before our county societies and say that the defense they receive in return for their assessment would cost \$15 a year in an insurance company.

Dr. S. T. Day: I thought the membership in this society also included subscription to the Journal.

Dr. English: It did until the United States authorities compelled us to have a regular subscription list of men paying certain amounts specifically for the Journal. I want to say that I entirely agree with Dr. Harvey, but in going back to the county societies I do wish the gentlemen present would call their members' attention to the importance of reading their journals. The Journal has brought this matter up once, twice, three times and more during the past year, showing the importance of increased dues and why. One of our county societies

is charging \$10 annual dues, another \$7, and there is hardly a State society in the United States that has dues under \$3. California's annual dues are \$12.

Dr. Day: I don't understand yet. We pay \$7 a year; I thought we had the protection of defense when we received the Journal.

Dr. English: You do; that seven dollars includes the \$3.

Dr. McAlister: The most of the county dues are from five to seven dollars. If we go back and tell the members that there is to be an increase of a dollar, there will be fault found. I am afraid we will lose members through an increase in dues.

It was moved, seconded and carried that the Treasurer's report be received and the recommendation in regard to dues adopted.

The Secretary presented the credentials of Dr. William M. Leszynsky, of New York, as delegate to the Medical Society of New Jersey from the Medical Society of the State of New York, which, on motion, were received and he was invited to the privileges of the floor in the general sessions.

Atlantic County presented the name of Walt P. Conaway to fill the vacancy in the Atlantic delegation by the absence of William Martin. The President announced that unless there was objection by the delegates from Atlantic County, he would so appoint Dr. Conaway.

The Secretary then read an amendment to Article VI of the Constitution, which required action, as follows:

"Strike out the word 'and' in the last sentence and add the words 'and treasurer,' making said article read: 'The Board of Trustees, * * * shall be composed of the fellows, the President, the three Vice-Presidents, the Recording Secretary and the Treasurer.'"

On motion, seconded, this was adopted.

Under unfinished business the Secretary read the report of last year's committee on President's address which was laid on the table for action at this meeting. This report was as follows: "The committee recommends that a committee of three members, to be known as the committee on President's address, be made, to be appointed each year by the retiring President. The committee endorses the President's recommendations as to a change in the method of electing the vice-presidents."

On motion of Dr. Edward Guion, seconded, the report was laid on the table for another year.

MISCELLANEOUS BUSINESS.

The Secretary read the official call of the American Medical Association to the officers and members of the constituent societies, regarding the sixty-fourth annual session.

A communication regarding a committee to be appointed in the matter of the Hot Springs Reservation was read to the Society.

President Wilson: This is a matter which the New York Academy of Medicine has passed upon and many of the State Societies, and I think it is eminently fitting that this society should appoint a committee, and pass similar resolutions.

It was regularly moved and seconded that a committee be appointed by the President. Carried.

Dr. Chandler: We have heard a good many statements about the number of amendments to the by-laws being now so great that it will be advisable to have a revised edition of the by-laws made, and I would move that a committee of five be appointed by the President to consider the subject and make a revision of the by-laws, to report at our next annual meeting; that the appointment of this committee be sufficient notice so that the adoption of that revision can be effected at the next annual meeting.

This motion being duly seconded, it was carried.

The following resolution was presented by Dr. George E. McLaughlin:

Whereas, The New Jersey State Medical Society having at heart the best interests for the public health of the State, and believing that these interests can be greatly furthered and the status of the State Board of Health greatly advanced by showing the citizens of this State the vast amount of sanitary work that is daily being accomplished by this board toward the prevention of disease, therefore be it

Resolved, That the New Jersey State Medical Society recommend to the State Board of Health the publication by them of a monthly journal such as is done in a number of other States, which journal shall be sent free to all boards of health and registered physicians in this State, and to such other persons as may be interested or may request the same. And this society would suggest that one of the aims of this journal be toward the higher education of our citizens in sanitation and preventive medicine, thus advancing the best interests of the citizens of this State and furthering the hearty co-operation of all concerned; and be it further.

Resolved, That in the opinion of this society such a publication is needed and that it would accomplish a vast amount of good, redounding not only to the credit of our State Board of Health, but to our State also.

It was moved that it be referred to the committee of ten ordered at this meeting, to consider matters of health legislation.

Dr. Dickinson: I would like to call your attention to the fact that the new board of health which we are to have is going to be shortly instituted, and this case will come very nicely under that board. I feel that we are putting off a largely important matter. Our State Board of Health has not as yet been changed. I know that our State is in sorry need of a publication of this kind. Some of the members of our State Board of Health wish such a journal; they wish people to understand what is being done under the basis of the State Board of Health. It will redound to the credit not only of the State Board of Health but of the physicians, and will also interest the people in the subject of increase of appropriation for the State Board of Health. This is done in other societies. It is only a recommendation to them, and will surely do some good in letting them know that the State Medical Society is on the job.

An amendment to the motion was made; that this matter be referred to the committee of ten, and at the same time that the State Board of Health be requested to proceed with a publication of this kind.

Dr. English: I am perfectly willing to make my motion in that way. The State Board of Health has been considering this for months and months and has not done anything yet. It takes about six months to get in running order. If they are going to take up the thing and get it started, I have no objection whatever to accepting the suggestion of Dr. Dickinson, making my motion to that effect. I was going to suggest that the committee of ten give their immediate attention and refer to the Board of Health, if they saw proper, but I think the suggestion Dr. Dickinson makes is just as well.

Dr. Guion: I quite agree that it should be taken up independently of the committee of ten.

Dr. Halsey: This is a recommendation, and I think we ought to put ourselves on record adopting the suggestion outlined in the resolution.

Dr. English: My amendment was to endorse Dr. McLaughlin and in addition to put it up to the committee of ten to continue it and to arrange for its continuance.

The amendment to the motion of Dr. English was then carried and following this the motion as amended was carried.

Dr. Schauffler read the following:

To the President and Members of the New Jersey State Medical Society.

Gentlemen:—The Ocean County Medical Society at its semi-annual meeting on May 2, took up for discussion the matter of scarlatina and the rules and regulations enforced by the State Board of Health, for quarantine, disinfection and fumigation. The following resolutions were passed:

First, "Resolved, That the secretary of this society write to the State Board of Health and ask for definite instructions as to how long quarantine shall be maintained in cases of scarlatina, and what means of disinfection and fumigation are required after an attack."

Second, "Resolved, That the secretary of this society act as a committee of one to place the whole matter of scarlatina before the State Society at its June meeting."

The reason for discussion, and the above resolutions, lies in the fact that during a mild epidemic of scarlatina in the past few months, the instructions from the State Board of Health, through its inspectors, have been so unsatisfactory and contradictory that our health officer and others interested have been unable to carry out any definite policy, especially as regards disinfection and fumigation. We have been told that less importance is being attached to these factors in public sanitation than formerly.

I am informed on the best authority that in New York City and State more care is taken with the quarantine, disinfection and fumigation of scarlatina than of almost any other disease.

Following instructions of the Ocean County Medical Society, I lay this matter before you for your consideration.

Very respectfully,

W. G. Schauffler,

Secretary Ocean County Medical Society.

It was regularly moved, seconded and carried that a committee of two be appointed by the President to take up this communication and report on it later.

The names of Dr. Frank W. Pinneo as alternate delegate from Essex County; Dr. P. DuBoise Bunting, as alternate delegate from Union County, and Dr. A. L. Smith as alternate delegate from Middlesex County, were announced.

The Secretary announced that after adjournment of the meeting, county delegates would meet to elect members of the nominating committee; and that names must be given to the Secretary before the afternoon meeting.

Meeting adjourned.

2.30 P. M.

MEETING OF THE HOUSE OF DELEGATES.

Meeting was called to order by the President.

Reading and invocation by Rev. Mr. Gardner, of Sea Girt, N. J.

For our edification, I will read the following message:

"Honour a physician with the honour due unto him for the uses which ye may have of him; for the Lord hath created him.

"For of the Most High cometh healing, and he shall receive honour of the king.

"The skill of the physician shall lift up his head; and in the sight of great men he shall be in admiration.

"The Lord hath created medicines out of the earth; and he that is wise will not abhor them.

"Was not the water made sweet with wood, that the virtue thereof might be known?

"And he hath given men skill, that he might be honoured in his marvellous works.

"With such doth he heal men and taketh away their pains.

"Of such doth the apothecary make a confection; and of his works there is no end; and from him is peace over all the earth.

"My son, in thy sickness be not negligent; but pray unto the Lord, and he will make thee whole.

"Leave off from sin, and order thine hands aright, and cleanse thy heart from all wickedness.

"Give a sweet savour, and a memorial of fine flavor; and make a fat offering.

"Then give place to the physician, for the Lord hath created him; let him not go from thee, for thou hast need of him.

"There is a time when in their hands there is good success.

"For they shall also pray unto the Lord, that he would prosper that which they give for ease and remedy to prolong life."

Let us pray. Make the words of our mouths and the meditations of our hearts always acceptable in thy sight, our Lord, our strength and our Redeemer. As thou dost put peculiar honour upon thy servant, the Apostle, and when thou didst call St. Luke to be a physician of men's bodies and of their souls, and as thou didst make this faithful physician the last to administer in the old age of thy servant St. Paul, we bow our knees almost upon the white sands of this beautiful coast, with the covering of the blue above us, and pray that this State Association of men that thou hast called to be mighty and that thou hast put peculiar honour, skill and understanding in their hearts; give unto them as thou hast given, liberally. Bless all physicians, chemists, surgeons in all the hospitals of the lands, and we beseech of thee direct us in all of our doings with thy most gracious wisdom

and favor us with thy continued help that all our works may begin, continue and end in thee, that we may glorify thy holy name and finally reach life eternal, through Christ, our Lord. Amen.

ADDRESS OF WELCOME.

Dr. Schauffler: Mr. President, fellow members of the New Jersey State Medical Society; Mr. Brown, who is the Mayor of Spring Lake, had hoped to be here to-day and welcome this association to Spring Lake, but instead of that I received this letter this morning, which I will read:

Spring Lake, N. J., June 30, 1913.

Dr. W. G. Schauffler,

My dear doctor:—It is a matter of regret to me that I cannot be present to comply with your request to welcome the doctors again to Spring Lake, but an important engagement made some weeks ago to meet some gentlemen in New York this summer prevents. I therefore am writing to ask you to kindly act for me, as you have been with us so many seasons we begin to look upon you as one of our citizens. Thanking you in advance, I am

Sincerely yours,

O. H. Brown, Mayor.

The Mayor asked me to say further that Spring Lake is more than happy to welcome your society again, and while Spring Lake has not much to offer in the way of outside attractions to the physicians and their families, all that it has it gives you with a hearty welcome and hopes that you will meet here another year.

The Rev. Mr. Gardner and Professor Hobart A. Hare were, on motion, invited to sit as corresponding members.

The Secretary then announced the names of the Nominating Committee as follows:

NOMINATING COMMITTEE.

Atlantic—W. Blair Stewart.
Bergen—Fred C. Hallett.
Burlington—Marcus W. Newcombe.
Camden—Henry H. Davis.
Cumberland—S. T. Day.
Essex—Carl E. Sutphen.
Gloucester—Harry A. Stout.
Hudson—Gordon K. Dickinson.
Hunterdon—Floyd A. Thomas.
Mercer—Henry B. Costill.
Middlesex—Arthur L. Smith.
Monmouth—Elmer A. Scott.
Morris—Britton D. Evans.
Ocean—William G. Schauffler.
Passaic—Edward F. Denner.
Salem—John F. Smith.
Somerset—Lancelot Ely.
Sussex—Harvey D. Van Gaasbeck.
Union—Joseph B. Harrison.
Warren—G. Wyckoff Cummings.

The Secretary: The following members of the Nominating Committee given are not annual or permanent delegates, and will have to be made delegates to fill vacancies before they can serve on the committee: M. W. Newcombe, Burlington County; Harry A. Stout, Gloucester County; Floyd A. Thomas, Hunterdon County; L. Ely, Somerset County.

The President: Unless there is objection the Chair will appoint these men as delegates. No objection was raised.

Dr. Halsey moved that the report of the Committee on Legislation be deferred. Seconded and carried.

The Secretary made the motion that there being no further business before the House of Delegates, the House of Delegates stand adjourned and the society open under the First General Session, which was carried.

3:30 P. M.

GENERAL SESSION.

(Full reports of all papers and discussions will be printed later.)

SYMPOSIUM ON PNEUMONIA.

PNEUMONIA IN INFANCY AND CHILDHOOD.

J. Finley Bell, Englewood.

After the reading of the paper, a motion was made that the discussion of papers be deferred until after the reading of all the papers, which, being seconded, was carried.

ACUTE LOBAR PNEUMONIA IN ADULT LIFE,

A. Charles Zehnder, Newark.

COMPLICATIONS,

Paul H. Markley, Camden.

PATHOLOGY,

Albert B. Davis, Camden.

TREATMENT,

Philip Marvel, Atlantic City.

Discussed by Prof. H. bart A. Hare and Drs. F. D. Gray, Irwin H. Hance, Alexander Armstrong, Theo. F. Livengood and Geo. E. Titus.

The Secretary announced the meeting of the Nominating Committee in Room No. 17 at 5 o'clock.

The President called on Professor Hare to open the discussion on the subject of Pneumonia.

At the close of the discussion the Secretary moved that the General Session ad-

journal and that the House of Delegates meet. It being regularly seconded, the motion was carried.

MEETING OF THE HOUSE OF DELEGATES.

The Secretary announced the following committees and delegate:

Committee to Consider Health Laws—Dr. Gordon K. Dickinson, chairman; Dr. George E. McLaughlin, Dr. W. G. Schaffler, Dr. Edward Guion, Dr. Frank D. Gray, Dr. David C. English, Dr. Richard C. Newton, Dr. Henry B. Costill, Mr. Calvin N. Kendall, Mr. Morris R. Sherard.

Committee on Revision of By-Laws—Dr. Wm. J. Chandler, chairman; Dr. Thomas N. Gray, Dr. David C. English, Dr. Philip Marvel, Dr. Louis L. Davidson.

Committee on Hot Springs Resolution—Dr. George E. McLaughlin, Dr. Gordon K. Dickinson.

Committee on Ocean County Society Resolution—Dr. Edward Guion, Dr. Edward E. Worl.

Delegate to International Congress of School Hygiene—Dr. Edward Guion.

The Secretary presented the following report:

REPORT OF COMMITTEE ON OCEAN COUNTY RESOLUTION.

June 11, 1913.

Your committee appointed to consider the Ocean County Medical Society's resolutions in regard to length of quarantine, and means of fumigation and disinfection in cases of scarlet fever, would report as follows: We are of the opinion that this matter is outside of the jurisdiction of this Society, being a matter entirely under the supervision of local boards of health, who, under the State law, are empowered to pass ordinances, regulating the matters under consideration. Owing to the diversity of opinion, especially as regards length of quarantine in scarlet fever, we recommend that these questions be referred either to the Health Officers' Association of New Jersey or to the N. J. Sanitary Association, to the end that local boards of health may secure uniformity of action and practice throughout the State of New Jersey.

Edward E. Worl,
E. Guion.

It was moved that the report be adopted. Carried.

A communication was presented from Dr. Dowling Benjamin, chairman of the Committee on a National Department of Health, as follows:

Camden, N. J., June 10, 1913.

Dr. Phillip Marvel:

Have our committee on national department of health continued. Report that we are co-operating with United States Senator Owen who has charge of the bill. He wants us to meet his committee when the right time comes. United States Senator now preoccupied. I am in possession of valuable information. Will talk with you some other time. Request all the doctors to write to Senator Owen, urging passage of the bill. Senator Owen requests this.

Dr. D. Benjamin.

Dr. Marvel: It seems to me it might be well if the society delayed any action on this until we see what action the American Medical Association may take next week. I move that the matter be left as read, for further action from the standpoint of the Board of Trustees of that organization. Carried.

On motion the meeting adjourned.

8 P. M.

GENERAL SESSION.

Vice-President Enoch Hollingshead in the chair.

Address by the President, Norton L. Wilson, Elizabeth.

Vote of thanks was given Dr. Wilson for his address.

Address by Third Vice-President, William J. Chandler, South Orange.

A vote of thanks was given Dr. Chandler.

President Wilson: We have with us tonight Dr. Abraham Jacobi, President of the American Medical Association and Honorary Fellow of this society. (Applause.)

Dr. Jacobi was invited to a seat on the platform.

At the close of Dr. Chandler's address, the President announced that the Alumni of the University of Pennsylvania would meet in the Grill Room at the close of this meeting, and that the secretaries and treasurers of the various component societies would breakfast together at eight o'clock tomorrow (Wednesday) morning.

The President: Prof. Martin H. Fischer being prevented from giving his Oration in Medicine because of an operation for appendicitis, Professor Alfred Stengel, of the University of Pennsylvania, has kindly consented to take his place on the program.

Professor Stengel was listened to with great interest and at the close of his address he was given hearty applause and a vote of thanks.

The President then introduced Dr. Abraham Jacobi.

Dr. Abraham Jacobi, New York City:

Ladies and Gentlemen—I have heard three lectures, every one of them good. Now, you have called me up, but I could do a great deal worse than what I have heard to-day. I hope I may have an opportunity to-morrow to say what is on, what I generally call my mind, and I shall do so. Very probably, however, some other subjects will come up to-morrow. I have no paper for you, but I may have some remarks to make in connection with what I have heard to-day, and as I may be prepared to speak to-morrow I shall not certainly give myself away to-night. I believe I have been

advertised. You have heard some remarks in the address of your president on the general practitioner, in his relation to the practice of medicine. That is a subject that has been a pet subject with me a long number of years. Maybe some of you know that I am a general practitioner myself. I have been frequently called a "specialist" in the diseases of the child. I am not a specialist at all. When people come to me and want a specialist I send them away. I say to those people, "If a doctor isn't good enough for you, I am not your man." Then I stick to that old faith of mine and on that subject I may try to speak after the banquet.

I remember a case where a patient from the West came to New York and wanted to see me because he had been told I was a "specialist" in diseases of children. I told him no, I was no specialist. He said, "I have been told so." I said, "I am a doctor." He said, "Well, then, I am in the wrong place, good-bye." In the afternoon I had my clinic at that time. I was talking over and teaching what I thought I knew on special cases of diseases of children, when it so turned out in came my patient of that morning with his child. He had been told there was a famous specialist in diseases of children in that clinic. I treated him there and the only difference was that in the afternoon I did it gratis; in the morning if I had admitted I was a specialist I might have had a fee.

You called me up and I meant to punish you just a little bit and I have done so. If you want to hear some more to-morrow night, you will be very welcome.

Adjourned.

SECOND DAY.

Wednesday, June 11th, 9:30 A. M.

GENERAL SESSION.

SYMPOSIUM ON SYPHILIS.

SOCIOLOGY.

Edward E. Worl, Newark.

Discussed by Drs. A. Marey, Jr., Gordon K. Dickinson, F. W. Owen and Martin W. Reddan.

SKIN LESIONS.

Chas. H. Purdy, Jersey City.

Discussed by Dr. H. J. F. Wallhauser—

MANIFESTATIONS OF SYPHILIS IN INFANCY AND CHILDHOOD.

Julius Levy, Newark.

Discussed by Drs. Arthur Stern and Thomas N. Gray.

SYPHILIS OF THE EYE.

Elbert S. Sherman, Newark.

Discussed by Drs. Norton L. Wilson, Louis Emerson and E. L. Bull.

TREATMENT.

Henry A. Pulsford, South Orange.

Discussed by Drs. Emanuel D. Newman, Otto Lowy, H. J. F. Wallhauser and W. J. Chandler.

2:30 P. M.

MEETING OF THE HOUSE OF DELEGATES.

The meeting was called to order by the President, after which the Secretary made the following announcements:

The councilors have excused permanent delegates James T. Wrightson, Edward J. Ill, Samuel E. Armstrong, Robert H. Parsons, Charles Underwood and John J. Bauman for non-attendance at the meeting of 1912, and permanent delegates Charles Young and William P. Melcher for non-attendance at the 1913 meeting.

Under Article IV., Section 3, of the Constitution, the names of Dr. Cyrus Knecht, of Monmouth County, and Dr. J. Ackerman Coles, of Union County, have been stricken from the roll of permanent delegates for non-attendance at the meetings of 1911 and 1912 without presenting excuses for such absence.

Essex County presents the name of Willis C. Noble to fill a vacancy in that delegation.

The President said: If there is no objection, Dr. Noble will serve on the Essex delegation.

The Nominating Committee made the following report:

REPORT OF THE NOMINATING COMMITTEE.

The Nominating Committee organized by electing Dr. Daniel Strock chairman and Harry A. Stout secretary. The following nominations and recommendations were made:

President—Dr. Enoch Hollinghead.
First Vice-President—Dr. Frank D. Gray.
Second Vice-President—Dr. William J. Chandler.

Third Vice-President, Dr. Philip Marvel.
Corresponding Secretary—Harry A. Stout.
Recording Secretary—Thomas N. Gray.
Councilors—First District, Christopher C. Beling; Second District, Robert M. Curts; Third District, William A. Clark; Fourth District, William H. Iszard; Fifth District, James Hunter, Jr.

Committee on Publication—William J. Chandler, Edward J. Ill, Ellis W. Hedges.

Committee on Scientific Work—Dr. Alexander McAlister, Dr. Augustus A. Strasser was nominated chairman of the committee.

Committee on Program—Fred F. C. Demarest.
Committee on Public Hygiene and Legislation—Luther M. Halsey, Dr. Henry B. Costill, chairman.

Delegates to the A. M. A.—Dr. Edward Guion, Dr. Linn Emerson. Alternates—Drs. Luther M. Halsey, Alexander McAlister.

International Congress of Medicine of London, Eng.—Dr. Henry L. Coit, Dr. Gordon K. Dickinson, Dr. George E. McLaughlin, Dr. Otto Lowy.

Pennsylvania State Medical Society—Dr. William E. Darnall, Dr. Harry A. Stout, Dr. Howard F. Palm, Dr. Fred S. Hallett, Dr. Albert B. Davis.
New York State Medical Society—Dr. Frank W. Pinneo, Dr. E. Moore Fisher.

Connecticut State Medical Society—Dr. Will-

iam Freile, Dr. Thomas A. Clay, Dr. William E. Ramsay.

Delaware State Medical Society—Howard A. Wilson.

Maryland Medical and Chirurgical Society, Baltimore—S. Thomas Day, Grafton E. Day.

Massachusetts State Medical Society—William G. Schauffer, F. M. Donohue.

American Psychological Society—Britton D. Evans.

That the society defray the actual expense of one delegate from Committee on Legislation to convention of A. M. A. Legislation Committee at Chicago.

That the committee for the Society, express the deep appreciation of Dr. Halsey as chairman of the Legislation and Hygiene Committee, and Dr. Denner as councilor, for their faithful services for so many years.

That we recommend the President be authorized to appoint any member desiring to attend any State convention as a delegate from this Society.

That the date of meeting be left to Trustees either in the third or fourth week of June, 1914.
Place of meeting, Spring Lake.

On motion the report was received.

Dr. E. Moore Fisher declined to serve as a delegate to the Medical Society of the State of New York.

It was moved, seconded and carried that the Secretary cast a ballot for the nominations presented, and the President announced that the Secretary had so cast the ballot for these nominees.

It was moved that the recommendations of the Nominating Committee be adopted. Carried.

Dr. D. C. English moved that, as the place of meeting will be the same next year as this, the Committee of Arrangements for the present year be continued for the coming year. Carried.

The chairman of the Nominating Committee announced that, through an error, the name of Dr. Henry H. Davis had been omitted from the list of nominations; that he had been nominated to succeed himself on the Legislation Committee.

On motion the Secretary cast a ballot for Dr. H. H. Davis as a member of the Legislative Committee for two years.

The Committee on Hygiene and Legislation presented the following report of its work during the year, together with a recommendation as to the registration of vital statistics and a report on the report of Dr. Beling, councilor of the First District, with a recommendation bearing on it:

REPORT OF THE COMMITTEE ON HYGIENE AND LEGISLATION.

To the New Jersey State Medical Society:

Gentlemen:—Your Committee on Hygiene and Legislation would respectfully submit the following report:

During the session of the Legislature for 1913 a number of bills of more or less importance to the medical profession were introduced. Some were passed; others fell by the wayside.

We are glad to report that nothing was passed that might be considered detrimental to the public health, or unsatisfactory to the profession, but we are sorry to be compelled to report that some bills in which the profession was interested, and desirous of having passed, failed. Still, we feel the ground has been cleared and the way paved for better results the coming winter.

The old stumbling block, the osteopathic bill, is finally out of the way. The bill we succeeded in passing, while possibly not to the liking of all, does guarantee that any osteopath who hereafter enters our State must have had the same preliminary education, must have attended an osteopathic college for the same length of time, and passed the same examinations as an individual who enters the practise of medicine, and this, we believe, is all the profession could justly demand.

With this bill out of the way it will be a much simpler matter to take up other measures, for strange as it may seem, while this was pending, it was absolutely impossible to secure other legislation.

By invitation of the Chairman of the committee appointed by your President to revise the State health laws, your Legislative Committee has been in conference with that committee, and hopes to be able to draft and have ready for the next session of the Legislature a bill that will give our State an intelligent, comprehensive and responsible health department, but your committee would take this opportunity to advise you that to secure legislation necessary to a revision of the Health Department of our State along lines acceptable to our Society is not going to be the easiest proposition in the world, and it will be necessary for united, earnest and continued effort upon the part of the profession of the State. Each member of the Legislature must be interviewed repeatedly and made to understand that the medical profession as a unit demands this change.

In conference with the State Board of Education an act was drawn to create the office of Medical Inspector of Public Schools. This bill was introduced in the Senate, but failed to pass. This we regret exceedingly, but believe the way will be clear for it this coming session.

Among the bills lost was an act to prevent lead poisoning and other occupational diseases. This is a bill that has been passed by the Legislatures of several States, and one that is particularly needed in our own State. It was introduced by Mr. Matthews of the Assembly and passed the House, but failed in the Senate. We trust that we shall be able to secure the interest of our Senators in this bill in the coming session, and that they will take a different view of the matter than they did last session.

The regular optometry bill was introduced again this year, and, as usual, failed to be reported from the committee.

The bill requiring that inhabitants who may become a charge to counties as tuberculosis patients shall be required to have a legal residence in the county for a period of five years, at the request of the committee was withdrawn.

In order that our State shall be kept abreast, or a little in advance of our sister States, in our requirements, both as to preliminary and medical education, we would advise that a bill be

drawn giving a broader definition of the practice of medicine, and also one to increase the scope of the preliminary education, and requiring that each candidate before he applies to the State Board of Medical Examiners for an examination must have had at least one year's hospital experience.

This completes the work that came before the Legislative Committee during the last winter.

L. M. Halsey,
Henry B. Costill,
Henry H. Davis,
J. Boone Wintersteen,
Henry A. Cotton,
Committee.

RECOMMENDATION OF COMMITTEE ON HYGIENE AND LEGISLATION.

Your committee would recommend that the present health laws, which now make the city clerk in cities of the second class registrar of vital statistics, be amended to place these under the care of the local boards of health, where they properly belong.

REPORT OF THE COMMITTEE ON HYGIENE AND LEGISLATION ON THE REPORT OF DR. C. C. BELING, COUNCILOR

In the first instance the subject relative to institutions for tuberculosis in relation to the community and the proper promulgation of medical news to the general press as an educational factor for the community at large, are very timely topics, and should be taken up by all medical societies throughout the State. The pathogenic infection of dairy products, the matter of sex hygiene and social evil, and the problem of State and County insane, and defectives are of such vital importance that steps should be taken at once to meet these conditions, and if possible find a solution. The special clinics which are being held at the Newark City Dispensary for specific diseases is a very decided step in advance. The special committee appointed by the Essex County Society, who have been investigating the treatment in the segregation of the feeble-minded, the care of the alcoholic insane, the over-crowding of the insane hospitals, the commitment and after care of the insane, should work in conjunction with a special committee of this Society, as the problem is such an intricate one, that the solution of it will be more possible by this plan than if entirely a local question. We are firmly of the opinion, however, that the establishment of psychopathic wards in the City Hospital of Newark is a step in the right direction. We would therefore recommend that a special committee from the Society be appointed to act in conjunction with a committee of the Essex County Society, and report if possible at the next session of the State Society.

Dr. S. B. English: I would say that one matter we overlooked was the bill we succeeded in passing at the last session of the legislature, which provided for the appointment of a committee—one of five, with the Commissioner of Charities as one of them, to carefully go into all the facts concerning insanity and mental defectives. This committee has been appointed, its

members are visiting the State institutions and we hope for an excellent report from them, because they are thoroughly capable men who have been appointed.

It was moved and seconded that the report be received and recommendations adopted.

Dr. E. Moore Fisher: While listening to the report of the legislative committee, I was expecting to hear some comment of the bill passed at the last session of the legislature, dealing with the committee of the insane to the State hospitals in this State. I think it is a step backward, as it makes it difficult for people who are insane to be committed to the hospitals where they may be properly cared for.

It has resulted in many of the insane being detained in jails for much longer periods of time, which prevents them from receiving the care they need and often makes them a menace to others. I think this society should take the stand that no insane patient should be detained in jail for any period of time, and should put themselves on record to this effect.

Dr. L. M. Halsey: Some of you may be cognizant of the fact that the case which came up before Vice-Chancellor Garrison, in which he took the ground that the law, which was in effect prior to the passage of this act, called for commitment, was valid, that it did not properly provide for the holding of persons legally. Following those suggestions your committee took the present act to the attorney general and he drew a bill, which bill was passed at this last session of the legislature, taking up the defective points referred to by Vice-Chancellor Garrison. While it is somewhat lacking, and in some instances requires a little more work to put it in the best shape, the question of the proper investigation of the patient's mental states was gone into more carefully than in the preceding act. It seems to me it would be a step backward to condemn and repeal this act, as it was drawn by the attorney general following the suggestions of the vice-chancellor of the State.

The motion as made was carried.

The special committee appointed by the Board of Trustees on the Medical Defense Act reported as follows:

REPORT OF COMMITTEE OF THE BOARD OF
TRUSTEES ON CHANGE OF PROCEDURE
IN CASES OF MEDICAL
DEFENSE.

Your committee would respectfully recommend, first, that, for the purpose of expediting

matters and lessening expense, the defendant in suits for mal-practice should, after receiving the necessary papers from the Secretary of the State Society, forward his application for defense to the councilor of his district instead of to the entire council; and next, that the whole method of procedure in these cases should be referred to the existing committee on revision of the Constitution and By-Laws, which is to report at the next meeting of this Society. Finally, the committee would remind such members of the Society as may carry liability or indemnity insurance, and who may elect to be defended by their insurance company, that they are still entitled to and shall receive the moral support of the State Medical Society, collectively and individually.

F. D. Gray,

Edward J. Ill,

Wm. J. Chandler,

Committee.

Dr. Isgard: I would like to bring to the attention of the society the fact that while money has been expended in defense, a member of the society appeared on the stand against a member the society was defending. I would like to know what the attitude of the society is toward a member who will go on the stand against a fellow member? Ought not the society give its moral as well as its financial support?

Dr. F. D. Gray: If the report of this committee is received it will bind the members of the State Society to give any member being sued their moral support. The State Society does give its moral support.

It was moved and seconded that the report of the committee be received and its recommendation adopted. Carried.

The Secretary read the following report by the Committee on the Hot Springs:

REPORT OF COMMITTEE ON THE HOT SPRINGS
OF ARKANSAS.

Whereas, A bill (H. R. No. 24737) has been introduced in Congress to authorize the appointment of a commission to determine the physiological and therapeutic action of the hot water from the springs on the U. S. Reservation at Hot Springs, Ark., and

Whereas, The waters of these springs have hitherto been used empirically with more or less success and it is important that their real therapeutic properties be ascertained with absolute impartiality, it is hereby

Resolved, That the Medical Society of New Jersey desires to express its approval of this bill and to recommend its adoption.

G. K. Dickinson,

Geo. E. McLaughlin.

It was moved that this report be accepted and the recommendation adopted. Carried.

The Secretary read the following resolution:

Resolved, That the Board of Trustees be requested to prepare a report upon the work of medical defense, recounting the results and the cost to the Society, also the fact that member-

ship in the County Society carries with it the benefit of such defense, and that the Trustees be further requested to mail a copy of such reports to every registered physician in New Jersey.

Moved and seconded that this resolution be adopted. Carried.

Dr. Halsey: During the time I was in Florida last winter my attention was called by several reputable physicians in Jacksonville to a commercial directory which was being circulated in Florida; and there seems to be directories that were published on the same plan in various sections of the United States, one in the Eastern States, in the Middle West and one in the Middle States—and several physicians in Jacksonville told me that an agent came around and that he solicited physicians' subscriptions and cards in this directory. He asked first \$15 for insertion of the name and what your specialty was, and if he did not succeed in getting \$15 he came down to \$10 or \$5. He showed me one of these little directories and it had the name of an ex-President of the A. M. A., former treasurer of the A. M. A., and quite a number of prominent physicians in Chicago, and the United States. The supposition is that they must have paid something for the insertion of their names in this directory, but they told me that it was purely a commercial arrangement by which you paid so much money and had your name inserted in it. The object of my calling attention is to ask that the delegates of the New Jersey State Medical Society to the A. M. A. be instructed to bring this matter before the association and find out the status of these so-called directories and whether they are ethical or not. I move you that they be so instructed.

The President called for the motion, which was carried.

Dr. Maria L. Vinton presented the following with resolution:

Three years ago a movement for public health education was begun by the women of the A. M. A.

Now, at the end of three years, it has become a national work, prosecuted by a National Central Committee, endorsed and financed by the A. M. A., and by State and County committees all over our country. It is one of the standing committees of the A. M. A. under the Council of Health and Public Education. Its chairman is Dr. Eleanor S. Everhard, of Dayton, Ohio, who although she was washed out by the flood, managed to save the material of her committee at the expense of her earthly possessions, and is going bravely forward in this work. Her appropriation from the A. M. A. is \$3,000. I will read the following letter from her:

Dear Dr. Vinton:

Please let me thank you for your letter of November 17th. An order for your paper was sent in at once and I suppose you will receive it within a few days. If you do not, please let me know.

Now in regard to the work. A communication from headquarters tells me that the board of trustees of the American Medical Association in their annual meeting made a ruling that expenses may not be paid within the States, unless the work of this committee is under the jurisdiction of the State Medical Society. This means that if work is to be carried on in the States already organized either the State chairman must bear her own expenses, with the assistance that can be given by making duplicate letters in this office, or some plan must be formulated by which the State chairman under this committee is a representative of the State Medical Association, either by being a member of a committee appointed by the State Society or by receiving endorsement of the State Society. Protests against the injustice of this ruling would be of no avail. The ruling has been made and we must decide upon a course of action in view of this fact, and not upon a method by which we can change the ruling.

Immediately following this action on the part of the board of trustees, comes a protest from some State Medical associations, against having members of this committee appointed by the American Medical Association, working in the field of the State Association without conference with the State officials. Technically this point is well taken, because the American Medical Association has no right to invade the territory of the State association in any way. Of course, when this committee was organized, few State associations were ready to appoint committees on health education, but many of them are doing so at the present time and if this is done without reference to the work of this committee, we find two organizations doing the same work in the same field, which is a waste of time and labor.

The plan that suggests itself to us is to have the State society appoint a committee with our State chairman as one member, and to have the State societies make an effort to have committees appointed in each county, one member of such committee to become our county chairman. Of course, where we already have a county chairman, we would wish that chairman to be on the committee.

Since this ruling the State chairman, your humble servant, has borne the expenses of the State work herself, because our State Society meets but once a year, and this is the first opportunity for presenting the matter before the House of Delegates. At the present time there are many men working on this committee and there is no desire that this should be an exclusively woman's work.

The New York County Society gives a course of lectures each year. In Essex County, of our own State, where the most aggressive work in New Jersey has been done, this plan has been tried and been abandoned for one that has proved satisfactory.

The Public Health Education Committee, Dr. Kathryn Porter, chairman, reported the best year yet in the three years of this committee's existence. The plan followed, though new and untried hitherto, as a means for reaching the people and also getting a welcome hearing, has

proved to be all that was hoped, and even more in the size of some audiences. Dr. R. C. Cabot, of Boston, addressed the Contemporary Club of Women, Dr. Dodge the Essex Trade Council, Dr. Jordan the Women's Club of Orange, and one of the members of the Committee the Y. M. C. A. Encouragement was given the propaganda of exterminating flies as put forth by the Boards of Health of the four Oranges.

In addition, many lectures were given at factories during the noon hour.

Three counties, Morris, Somerset and, as already stated, Essex, have done excellent work under County Medical Society committees. Some others have been organized, but almost no work has materialized. The objection raised to this work has arisen from the methods of work tried, the "pocket-book" consideration of the physician, who fears curtailment of his income, and the natural inertia of mankind.

To combat these objections, the methods tried, by public meetings, may be put aside as useless. What we have to do is to co-operate with other societies. Find among our number good speakers, who will not talk over the heads of the laity, and offer to Clubs, Boards of Education, Labor Unions, Churches, etc., instruction in preventive medicine. They are ready and waiting for such instruction in sex-hygiene, in eugenics, in prevention of typhoid and of other infectious diseases. Two years ago letters were sent to the 130 clubs comprised in the State Federation of Women's Clubs, resulting in over 100 lectures being asked for. To quote again from Dr. Eberhard's letter to the State Society presidents, "should not our profession take up this education and learn to do it in the right way?"

As to the "pocket-book" question, I believe that this is solved by the triumphs of serum therapy and the like. If we prevent disease by the injection of sera, the use of vaccine and other modern methods of treatment, shall we not receive good fees for the expert knowledge of how to apply them properly?

With all due respect to the triumph of modern surgery and medicine, are not the surgeons patching up the human frame which has become disorganized by disease, accident and deformity? Are not the medical men trying to shut the stable door after the horse is stolen? If we can by preventive medicine teach the laity not to get sick, make their nerves so calm that they will not get in front of the "auto," will run the train and machine with more care, are we not way ahead of the surgeon and the general medicine man? Why not get our pay for keeping people well, not for patching them up? or getting the run down clock works in order? Is any of our treatment effective if we do not remove the cause? Why not remove the cause before it has produced the illness?

As to the innate indolence of medical men, are they not all up to their eyes in work? But if you want good work done, go to the busy man, for he is the effective man.

RESOLUTION.

Resolved, That the President of the State Society of New Jersey appoint a committee of three members of the State Society, one each from the Northern, Central and Southern portions of the State, who shall take up the work of the committee for Public Health Education Among Women" of the American Industrial Association, shall request all county societies to undertake such work and shall prosecute a vigorous cam-

paign of preventive medicine throughout the State, co-operating with Women's Clubs, Labor Unions, Church Organizations, Farmers' Organizations, School Boards, Boards of Health, and such other organizations as can afford audiences suitable for public health instruction.

Dr. Chandler: We have in this society a Committee on Public Hygiene. This is a most excellent report and deserves our consideration. I move that it be referred to this committee. Carried.

Dr. Dickinson: At the last meeting of the Congress of Surgeons the stand was taken that the public should be educated in cancer. Would it not be well in discussing this report to take up this point and discuss the society's attitude toward the education of the profession, as well as the public, on the subject of cancer?

Dr. Wrightson: It seems that Dr. Vinton has had to spend her own money in this work and I think the society should stand the expense, and I so move.

Dr. Pinneo: The vote of the society is necessary to give aid and I second the motion to authorize the expenditure of this money.

The motion was carried.

The President asked regarding the recommendation of the Legislative Committee's report that a special committee of three be appointed to act in conjunction with the committee of the Essex County Society, whether he is to appoint the committee or whether it shall be elected by the society. It was moved and seconded that the President appoint the committee. Carried.

On motion the House of Delegates adjourned.

3:30 P. M.

GENERAL SESSION.

ORATION IN SURGERY.

Prof. Geo. W. Crile, Cleveland, O.

Discussed by Drs. Dickinson, F. D. Gray, G. D. Lowy and Professor Jacoby.

BONE TRANSPLANTATION.

Fred H. Albee, New York.

Discussed by Drs. Dickinson and Swiney.

Dr. Wrightson, of Newark, moved that a vote of thanks be extended to Dr. Albee, which was carried.

UTERINE HEMORRHAGE,

(With remarks on a case.)

William Freile, Jersey City.

Discussed by Drs. F. D. Gray, Twinch, Dickinson and Swiney.

A FEW POINTS IN THE CLINICAL TREATMENT OF CHRONIC NEPHRITIS.

W. Blair Stewart, Atlantic City.

Discussed by Drs. Schauffler, Marcy and Carl E. Sutphen.

8 P. M.

ANNUAL BANQUET.

Addresses of Gov. Fielder and Professors Jacobi and Walsh will appear in a future issue

THIRD DAY.

Thursday, June 12th, 10 A. M.

GENERAL SESSION.

Meeting called to order by the President.

NASAL HYDRORRHEA

(With report of a case.)

Henry Vaughan, Morristown.

Discussed by Drs. Brewster, Emerson, Corwin and Ely.

SUB-MUCOUS RESECTION OF THE NASAL SEPTUM.

Theodore W. Corwin, Newark.

Discussed by Drs. Emerson, Brewster, Schoening.

MORPHINISM.

(Report of a case of exceptional interest.)

Chas. A. Rosenwasser, Newark.

Moved that Dr. Charles A. Rosenwasser's paper on Morphinism, with report of a case of exceptional interest be read by title. Carried.

Motion to adjourn and open a meeting of the House of Delegates. Carried.

MEETING OF THE HOUSE OF DELEGATES.

Dr. Halsey presented the following resolution. Adopted:

Moved that the president and secretary be authorized to issue a certificate as an alternate delegate to the meeting of the American Medical Association, to be held in Minneapolis June 17, 1913, to Dr. F. D. Gray, this credential to be non-effective if either L. M. Halsey, delegate, Alexander McAlister, Edward Guion or G. T. Welch, alternate delegates, is present at said meeting of the American Medical Association.

Dr. E. Moore Fisher presented the following resolution:

Whereas, it has been brought to the attention of this society that many insane persons are kept in jails for varying periods, where it is impossible for them to receive proper care and attention,

Resolved, That it is the opinion of this society that this is injurious to the welfare of the insane and a pernicious practice, and be it further

Resolved, That the Committee on Legislation be instructed to endeavor to procure the passage of such legislation as will make such practice illegal.

Moved to refer the resolution to the Committee on Legislation.

Dr. Fisher, speaking on the resolution, said: There are some cases of insanity which, pending the time to their examination, are in such condition that it requires a very good first-class padded cell to keep them from doing themselves damage. Most of the jails have these cells for that specific purpose, and while I think it is quite correct that the general custom should be to send such people to jail for examination because they are insane enough to be lunatics, when there is no other place in which to place them, I think there are some cases that cannot very well be taken care of in jails and there should be some other place to take them for observation and examination. You might deprive some patient of his life by inability to give him proper care.

Dr. Vaughan: I think it would be very wise to have some time limit in this regard. We know there are some men who are physicians in name only, who prefer the patients to go by the jail route for the reason that they are then called in by the judge and sit as a commission, and thereby receive a fee; and they being fortunate ones can be called over and over again. I do think there should be some time limit upon this thing—limited to forty-eight hours or something of that kind, where they could provide for convenient and suitable arrangements.

The President: This resolution is not moved for adoption, but for reference to a committee.

Dr. English: But it carries with it a recommendation and if so referred it expresses the judgment of the Medical Society of New Jersey. I think we want to go very carefully in what this society stands by. The remarks of Drs. Vaughan and Fisher show a necessity for that care. We want the action of the Medical Society of New Jersey to appeal to the common sense of our legislators, and therefore in whatever this society recommends we should be careful.

Dr. Fisher: Our sister State of New York has found it unnecessary for any of its insane patients to be taken to a jail. It has been a law there for fifteen or twenty years that no insane person shall be kept in jail. The newspapers have criticized the care of the insane in this State, particularly this aspect of the case, and I understand some of our legislators are in favor of having a law of this kind passed. It seems to

me this society might well be on record as being in favor of such a stand.

The motion was then carried.

The following resolution was read by the Secretary:

Resolved, That at the annual meeting of 1914, reports of standing committees and officers be limited to five minutes.

Dr. English: I think that's simply impossible.

Dr. T. W. Corwin: I think that should be determined by the Program Committee: they know what business is to be carried on, and their best judgment of what should be allowed, and their regulation ought to be our guide.

Dr. F. D. Gray: I move to amend the resolution by saying that the reports in question should be made as brief as possible. It seems to me there is no way we can put an absolute time limit in cases when it will in all probability lead to defective reports, which we don't want.

The President called for remarks on this amendment.

The President: I was merely going to remark that you will recall that yesterday the remark was made that they wanted full reports of receipts and expenditures; that cannot be made in five minutes, so I think *Dr. Gray's* amendment is proper.

Dr. Halsey: *Dr. Gray's* amendment places the matter back in its original position and I thoroughly agree with it.

It was moved that the resolution be laid on the table.
Carried.

The Secretary read the following resolution introduced by *Dr. Jacobson*:

Resolved, That the Medical Society of New Jersey approve the object of The Moving Picture Commission, organized in Newark, June 3d, 1913, to obtain legislation for better social and physical conditions of moving picture exhibits, and directs the president to appoint a member of this society to represent the medical interests in that commission.

Moved that ten dollars be appropriated toward the expenses of the above. Adopted.

Dr. English reported for the Board of Trustees:

REPORT OF THE BOARD OF TRUSTEES.

The Board of Trustees at their session this morning, requested Treasurer Mercer to have his bond renewed for the same amount as heretofore, the expense to be paid by this society.

On motion the sum of \$200 was appropriated for the salary and expenses of the recording secretary, and it was further resolved that the meetings of the board of trustees hereafter be held in the fall of the year and also in the spring of

the year, at the call of the chairman or secretary of the board.

It was moved and seconded that the report be adopted, which was carried.

Dr. T. W. Corwin: I would like to offer a motion that bears somewhat on the report just adopted. I have heard from time to time that we require very onerous duties of some of our officers. Our Secretary has to devote a great deal of attention, time and effort to the duties of his office, and while his necessary expenses, I believe, are provided for by this association, he has to do a great deal of work for nothing. I know some of the work of the Publication Committee is very onerous indeed. I presume other officers are also burdened. This society has not conformed to the precedent set by most other State societies which conduct a large amount of business, in the shape of providing any compensation to those officers who are thus burdened. I, therefore, wish to move that a committee of three be appointed by the chair to consider what salary should be accorded the officers of this association, so as to provide for their decent requital, to the honor and decency of this association.

Dr. Halsey seconded the motion, which was carried.*

Dr. F. D. Gray: I would like to offer a motion supplementary to the resolution which I introduced yesterday and which was adopted, regarding some changes in the method of carrying on medical defense—a motion to this effect: that the defendant in any case of malpractice forward his application for defense to the Secretary, who shall refer it to the councilor of his district, who shall confer with the attorney of the State Society regarding the feasibility of the case.

If I may explain briefly, the reason why I offer this is that the original resolution is somewhat obscure as to the relation of the attorney in these cases in the inception, and it seems to be the general feeling that the attorney of the society ought to have a voice in it.

This motion being duly seconded, was carried.

Dr. Chandler: I believe it escaped the ears of a good many delegates that the Nominating Committee recommended that the expenses of one member of the Legislative Committee to the meeting of the A.

*The president appointed as this committee Drs. T. W. Corwin, chairman; F. D. Gray and Thomas W. Harvey.

M. A. Legislative Committee in Chicago be defrayed. For a number of years this society has declined to pay expenses of any member of the Legislative Committee to such meetings, and they have been elected to go at their own expense. I think this expense would probably amount to about \$50, and I move that this resolution be reconsidered.

The Secretary read that portion of the resolution relating to the society defraying the expenses of one delegate from the Committee on Legislation to the convention of the A. M. A. Legislative Committee at Chicago.

Dr. Schauffler: This was not put in the recommendations of the Nominating Committee hastily, but after due deliberation, and I think it is not fair to ask a man to give his time and to pay his traveling expenses to represent the society.

Dr. Corwin: I think this would naturally come under the province of the committee that you are to appoint to consider the requital of the officers of this society.

Dr. Chandler: Dr. Schauffler's remarks make a limitation. The recommendation says "the necessary expenses;" it does not say "traveling expenses." I make my objection because it will open the way to paying the expenditures of the other delegates, for if the society pays for one delegate why should it not pay the expenses of every delegate? I think it would be wise to reconsider this and to place a limit on the expense that can be incurred, and to state that this recommendation is not to act as a precedent hereafter; otherwise it will open the door to a great deal of expense.

Dr. Halsey: This National Committee is composed of one representative from each State, and meets annually in the month of February in Chicago. It is of very great assistance to the A. M. A. and the House of Delegates, because all legislative matters are here taken up and thrashed out. It seems to me that it looks rather small on the part of the Medical Society of New Jersey not to pay the expenses of its representative, because this is a special committee. As I have said, the other societies invariably pay their delegates' expenses to this meeting, but never pay the expenses of their representatives to the House of Delegates of the A. M. A. I hope we will be broad-minded enough to feel that this is an expense which should be incurred, as it is only right.

Dr. English: I would like to ask Dr. Chandler in reference to one matter. There are other bodies in the A. M. A. made up of representatives of State societies, among them an association of State secretaries which holds an annual meeting in Chicago. I would like to ask Dr. Chandler if there was not such a meeting last year.

Dr. Chandler: Yes, but I did not attend, as I felt that it would open the door for a great deal of expense to the society. These meetings are important, but most of our members who have attended them have done so for the interest of the society, and have defrayed their own expenses.

Dr. E. Moore Fisher: Do I understand that this is an important matter? The society of the State of New Jersey is anxious to be properly represented on various committees and commissions associated with the A. M. A., because we are an important part of it. We are short of funds and will have to raise the assessment, and if we keep spending a little money for this and a little for that we will be still more short of funds. Whether we are or not, I believe in representation. If we are not going to be represented at the important meetings of committees or sub-associations of the A. M. A. it isn't worth belonging to it.

Dr. Harvey: I do not think that Dr. Chandler's remarks express the opinion of this society. If our society should be represented, we should be willing to pay the expenses of the representative.

Dr. F. D. Gray: There are two things we ought to consider. The position of a delegate to the A. M. A. carries a certain honor. In the second place, the attendance at the A. M. A. of a delegation to the House of Delegates gives the privilege of hearing the best men and of acquiring a great deal of new facts.

Dr. Sproul: I rise to a point of order. This recommendation was adopted yesterday when a much larger number of delegates were present than are here today. They were asked to consider the recommendation and adopted it. My point is that a smaller number of delegates cannot reverse the action of a much larger number.

It was then regularly moved and seconded that the resolution be laid on the table, which was carried.

Dr. Schauffler: I move a vote of thanks be extended to the management of this hotel for their courtesy, and also to the members of the Golf Club.

Dr. Chandler: I move to amend by including Dr. Schaufler, chairman of the Committee on Arrangements, for he has done an immense amount of work.

This motion was seconded and carried.

Dr. English: I think we ought to have included a vote of thanks to our President for his very efficient control of the meetings.

A vote of thanks to the President was seconded and carried.

Dr. Chandler: Has the Credentials Committee reported the attendance?

Dr. English announced the following: 19 officers and trustees present; 91 permanent delegates, 46 annual delegates, 107 associate members, and 160 guests; total, 425.

The President: If there is no further business to come before this meeting, I wish to introduce to you your new President, Dr. Hollingshead. In introducing him to you, I desire to hand to him the gavel as it was handed to me, and I am sure it will be a lasting and grateful remembrance to me to be able to hand it over to my worthy successor. I desire to thank the gentlemen who have upheld my hands in conducting the meetings and feel that we have had a successful meeting, because everybody rallied to the support of their officers, and it is my pleasure to thank you for the same.

Dr. Hollingshead: I thank you very kindly for handing to me this gavel of the society. It is the only emblem, I think, which passes from President to President, and I shall be very happy, Mr. President, if, at the expiration of another year, I shall be able to tender it to my successor with the same feeling, with the same interest which you have shown to the society, and the fair treatment which you have accorded to all its members. And to you, gentlemen, I thank you for the honor that you have conferred upon me.

Adjourned.

Thomas N. Gray,
Secretary.

ADDENDA.

THE ASSOCIATION OF MEDICAL SECRETARIES AND TREASURERS OF NEW JERSEY.

The annual meeting of the Association of Medical Secretaries and Treasurers of New Jersey was held in the New Monmouth Hotel,

Spring Lake, June 11, 1913, after the members had breakfasted together. The president of the association, Dr. James Douglas, treasurer of the Morris County Medical Society, called the meeting to order and made an interesting address, bearing upon the collection of dues of the component societies. The address was received with the thanks of the association. The following members were present, and at the request of the president, detailed the work performed during the past year by the societies with which they are connected: Dr. William J. Chandler, ex-secretary of the Medical Society of New Jersey; Dr. David C. English, treasurer Middlesex County Medical Society; Dr. Obadiah H. Sproul, secretary Hunterdon County Medical Society; Dr. Thomas N. Gray, secretary Medical Society of New Jersey; Dr. Edward Guion, secretary Atlantic County Medical Society; Dr. Lancelot Ely, secretary Somerset County Medical Society; Dr. Frederick P. Wilbur, secretary Sussex County Medical Society; Dr. William J. Burd, secretary Warren County Medical Society; Dr. Henry W. Kice, secretary Morris County Medical Society.

Dr. Edward Guion moved that the officers of the association be instructed to arrange for a suitable place in which to hold the meeting next year. This was amended by Dr. David C. English to instruct the president and secretary to make such arrangements. The motion, as amended, was carried.

The following officers were elected: President, George T. Tracy, Beverly, secretary of the Burlington County Medical Society; vice-president, Dr. Ralph H. Hunt, East Orange, secretary Essex County Medical Society; secretary, Dr. Daniel Strock, Camden, secretary Camden County Medical Society.

Daniel Strock, Secretary.

ATTENDANCE AT THE ANNUAL MEETING.

FELLOWS.

David C. English, Luther M. Halsey, Edward J. Ill, Thomas H. Mackenzie, John G. Ryerson, Thomas J. Smith, Obadiah H. Sproul, David St. John, Daniel Strock, John W. Ward, Walter B. Johnson, Alex. Marcy, Jr.

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Prof. Alfred Stengel, Prof. A. Jacobi, Prof. Hobart A. Hare, Dr. George L. Stout, Dr. Lippincott, Dr. William L. Leszynski, Major Irving W. Ram, and wives, daughters, sons and friends of a large number of physicians in attendance.

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Edward A. Riley, W. Edgar Darnell, J. Addison Joy, Elisha C. Chew, Atlantic County; George Howard McFadden, James W. Proctor, Bergen County; *William P. Melcher, Burlington County; *Charles Young, Joshua W. Reed, George A. Van Wagenen, William B. Graves, David E. English, Henry L. Coit, Livingston S. Hinckley, Wells P. Eagleton, Jesse D. Lippincott, William J. Hicks, Elmer G. Wherry, Walter S. Washington, Essex County; George E. Reading, Eugene T. Oliphant, Gloucester County; Henry Spence, Arthur P. Hasking, Immanuel Pyle, Hudson County; George N. Best, Hunterdon County; Elmer Barwis, Mercer County; John G. Wilson, Middlesex County; Daniel E. Roberts, Monmouth County; Frederick W. Flagge, Morris County; Charles H. Scribner, Francis H. Todd, William Flitcroft, Passaic County; William H. James, Salem County; J. Ackerman Coles, Ellis W. Hedges, Union County; James M. Reese, Warren County.

*Excused.

PERMANENT DELEGATES ABSENT 1912 AND 1913.

Henry Spence, Hudson County.

PERMANENT DELEGATES DROPPED.

(Two years absent, 1911-1912, without excuse.) Cyrus Knecht, Monmouth County; J. Ackerman Coles, Union County.

The reports of the County Societies to the Chairman of the Committee on Scientific Work will appear in the next issue.

Her father had kicked him out of the house, but he returned.

"What!" cried the old man, amazed, "you here again?"

"Yes, sir," answered the imperturbable youth. "I came to see if you couldn't be induced to join our football team."—Boston Transcript.

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SYMPOSIUM ON SYPHILIS.

At the 147th Annual meeting of the Medical Society of New Jersey, at Spring Lake, June 11, 1913.

THE SOCIAL SIDE OF SYPHILIS.

EDWARD E. WORL, M. D.,
Newark, N. J.

Syphilis is a preventable and curable disease. It becomes essentially a question of clandestine prostitution; so in a discussion we shall consider these two questions together.

Statistics are unreliable and misleading—so we do not know really the size of our problem. Then how are we to solve our problem? People, who demand laws, must consider what we have had in the history of mankind. We have had (1) State regulation, (2) State prohibition, (3) no regulation. Yet syphilis has flourished under all of these conditions.

Turning to Boswell's "Life of Dr. Johnson," we read that "Dr. Johnson advocated severe laws, steadily enforced, which would be sufficient against those evils and would promote marriage. This was his *theory*, but how did he act in *practice*? He found an outcast woman of the streets, a woman sunk in the lowest depths of vice, poverty and disease; had her nursed at considerable expense and tried to bring her to a virtuous way of living.

So we are met with the inconsistency of theory and practice. There was a time when this subject was tabooed. To-day we note a wonderful change in attitude. It used only to be mentioned to our medical brethren and secretly discussed—to use the words of Charles Dickens: "Not to be

mentioned in the presence of Mrs. Boffin." To-day it seems to be a "parlor topic" of conversation. The ladies' clubs discuss it; the stage has taken it as a topic. So we have presented in dramatic form Brieux's play, "Damaged Goods," showing the spread of syphilis. The doctor in this play says "Let us speak plainly." I thought he had spoken plainly enough before he made this remark.

Notwithstanding this play, I still believe the stage is a place for dramatic action and not to advance any philosophical proposition or teach the pathology of disease.

When we consider the history of disease we notice that we have not entirely stamped out smallpox, yet its efficient remedy has been in our hands for a hundred years or more. Diphtheria is still with us, yet we have a sure diagnosis and remedy. Tuberculosis is still one of our greatest problems. But syphilis stands on a somewhat different footing. There is every possible incentive to evasion and concealment, and I would again reiterate that the mere passage of laws and their enforcement placed in the hands of the police, is again the history of failure, the history of graft and quackery and the resulting misery and suffering.

It is in *education* then that we have our best hope; but how?

1. *Let us educate the doctor.* There are those among us who have no liking for these diseases and avoid this practice, considering it detrimental. The training of the doctor in our schools should be up to a higher standard, so that he may be able to recognize the protean forms of venereal disease. We believe that to-day there is a much better training in our best medical schools than formerly existed.

2. *Let us educate the laity.* Home teaching by the parent would be the ideal

method; but all parents are not willing, nor do all parents possess the proper knowledge to teach these subjects. It can be taught in our public schools. Concerning the teaching of sex hygiene in public schools the recent report of Philadelphia's Vice Commission takes the position that "vice is first taught to American children in the class room, and that it is there they should be taught to what it will lead, and believes that much of the evil can be stamped out if the children are enlightened early enough." I would prefer to believe that this evil is rather brought to children's attention when they are of ordinary school age.

Our New Jersey school law already favors the teaching of the first signs of communicable disease, and this subject in the hands of proper teachers can be made efficient and instructive.

The subject of procreation should no longer be ignored; these children are not so ignorant as we suppose them to be in theory. We should not allow false ideas to be acquired, when better ones can be imparted. Let those of us who believe in prophylaxis, teach both parents and children. The marriage certificate should include, if not by law, by custom and practice, some recognition of the physical health of the contracting parties. We of America laugh at some of the old world customs, but we might adopt at least some of the ideas—as they do in France to-day—that marriage is a question in which the family has a vital interest. We ought not to make it an idea of individual passion, reckless of the future. We ought to make health, catching, as well as disease. We breed fine horses and cattle and then build large and well-filled hospitals and insane asylums for ourselves. The question is—shall we look out for the health of our posterity or shall we take the view of the congressman who asked: "What has *posterity* done for *us*?"

Again we believe that man and woman should be placed on an equal footing, that is, that the penalties of sins should be placed equally on both sexes. If the woman is to be an outcast preying on society, the man should share the penalty.

No State is benefitted by any condition encouraging disease or illegitimacy. The State recognizes as laudable, "marriage and its offspring." Just so, by the birth of a child, there should be a legal recognition by the State—that it makes a "common-law marriage" for its parents. There

are objections, but we all know the high mortality of "unrecognized offspring"; they may be innocent, but they are not wanted.

It might mean the rescue of many a woman now driven into the gutter, whose maternal instinct might better be used to benefit society; whose present fate is sooner or later to become diseased and to spread disease and thus revenging her wrongs on the society which scorns her existence. These diseases spread in channels and homes where one would least expect them.

In the years I have dealt with other infectious diseases I have come to recognize the impossibility of always tracing cases to their source and I have seen many, many times, diseases innocently acquired and handed on to others, and it seems to me that venereal diseases should not any longer be considered as belonging to the criminal class, and even in those who have fallen by the wayside, every inducement should be offered to them to rise again to respectability—even apparent respectability. I am not offering any scheme of philanthropy; I am merely trying to show a scheme of *protecting ourselves against disease*. We do not gain by ignoring it; we have not abolished it by making laws; we pay heavily in health and expense. It is the darkest page in human experience where the strongest instinct of human nature is perverted and abused.

I do not hope to offer any solution of this question which will not be met with numerous objections, but one thing I do advocate and that is that all measures for the suppression of syphilis and prostitution should be free from any sensational and spectacular features. To make a *fad* out of a proper reform is to court failure when public interest has subsided. Neither do I believe that we as physicians should take upon our shoulders all the responsibilities of syphilis and prostitution. Let us divide the responsibility with the public. We can divide the problem into three parts:

(1) The *physicians* to treat the venereal diseases and teach patients prophylaxis.

(2) The *police* to enforce existing laws, or show us the failure in practice and the reasons for failure in hope of bettering them.

(3) The *clergy and the purity leagues* to handle the moral side by other means than talking and holding meetings.

In Newark, N. J., we are to try some methods:

(1) To take these patients out of the hands of quacks. We have placed in the toilets of saloons, hotels and restaurants a placard offering free treatment at our city dispensary and warning against quackery. We place these placards side by side with those of the advertising quack, and further, in those sections where foreign born are numerous, we have them printed in foreign languages, e. g., in the Yiddish and Italian.

(2) We issue to physicians a circular of "information," describing and offering the Wassermann test, under the condition that the patient is to be a resident of Newark, that a history blank is to be filled out, but no name need be given, for these are private records; a number is given, and by this number the patient can be continued under treatment, repeated blood tests made until the blood no longer reacts and he may be considered cured. By this means the patient may be treated by his own physician or at the laboratory without publicity and thus be given the latest and most up-to-date treatment—a treatment under scientific tests—which hitherto, owing to its expense, has been beyond the reach of the average patient.

(3) We have a Clinic for Venereal Diseases, this clinic is to be operated in conjunction with the laboratory where these tests may be made and the patients healed.

(4) We propose to extend our hospital facilities; to open a male and female ward for these patients. The complaint has always been that there are insufficient hospital beds and that some hospitals exclude this class of patients.

(5) Circulars of information have been prepared in popular language for the use of these patients. These circulars (divided into three classes: gonorrhea, soft chancre and syphilis) are printed in pocket form in three or four languages. They contain practical information for the guidance of the patient under the treatment.

(6) We shall endeavor to teach something of these subjects in our public schools, considering the changed attitude of the public towards these diseases; this is certainly feasible, but not every teacher is capable of doing this. It needs some training and special ability to do this work, beginning in the simple form of teaching the generation of flower and fruit plants. We can, with the advancing age of the scholar, impart more and more information.

We seem to be passing through a period of unrest; the old order is changing. There

is a cry to remedy social conditions. To remedy syphilis is to remedy a social and economic problem. The true test of our country's greatness is not in our money power, but in the physical strength of its citizens and those forces which make for high character. You cannot make a great city out of a population living its life in tenements, apartments, hotels and boarding houses. These are not homes. The best conditions are found where one family lives in one house; where the father, as well as the mother, makes the home life and conducts the training in the primary duties of citizenship. Laws, societies, charities and public schools do not replace the ties of blood and the associations and memories of a well-conducted home.

As we close now it is with the feeling that we have considered only a portion of the problems involved. These problems involve the social, legal and hygienic sides of our civilization, and we wonder where the responsibility of the physician ends. We are supposed to protect those who seek medical assistance and not to offend the sensitiveness of the living or reflect on the memory of the dead; to throw the mantle of charity over the sick and unfortunate and to act in general the Good Samaritan. We have something to ask for these demands on our profession for help and scientific knowledge in social reforms. We ask a national recognition of our profession. Give us a Cabinet officer in the council of our nation—a secretary of medicine and hygiene—with discretionary powers to apply scientific knowledge. We ask a national medical law which shall place the practice of medicine on an equal footing in every State. That the physician shall be a State officer and that the expert knowledge of the physician no longer be used by one lawyer against another merely to win a case, but be placed on a judicial footing and so recognized by the community at large.

DISCUSSION.

DR. ALEX. MARCY, JR., Riverton: I think we must all agree with the sentiments expressed by Dr. Worl in his very eloquent presentation of this subject, and it is a rather difficult task to attempt to discuss such a paper. As he very well says, syphilis and gonorrhea, the social diseases, are the problem of the ages, and as time rolls on this becomes harder and more complicated. It seems to me that we must agree that there are many sides to this question. There is a medical side, there is a moral side and there is a legal side. We are dealing more particularly at this time with the

medical proposition, or the medical side. Personally, I cannot help but feel that fundamentally this is a public health problem; that it is a problem to be settled by the public health authorities, not settled by the legislature, but it must be regulated in some way. I can see no reason why smallpox, diphtheria, scarlet fever and tuberculosis, contagious and infectious diseases, are reportable to public health authorities, while syphilis and gonorrhea are kept in the background. It seems to me the element of secrecy has been one of the reasons why we have not been able to do more in overcoming or controlling these conditions. Personally, I believe every case of syphilis and gonorrhea should be reported. I believe that these diseases should be considered just as much a menace to public health and public welfare as are the other contagions and infections. I think there should be some provision made in public institutions for their isolation. We have recently had passed in our State a law providing for a tuberculosis hospital in counties, the idea being that each county in the State may maintain an institution to take care of their cases of tuberculosis, more particularly the advanced cases. It seems to me that that law should have been broad enough to have taken in all contagions and infections, and in an effort to have such an amendment made to that law in New Jersey, with many of our legislators, I was told that the idea of having a department of that isolation hospital for syphilis and gonorrhea would be positively embarrassing, that half the members of the Legislature would be there as well as the public at large, and that they would not consider or listen to such a thing. That is a very lamentable fact. These diseases, as Dr. Worl has very well said, are found in places and homes where you would least expect them. It is a lamentable fact that these diseases are wide-spread, in fact they are in all sections of society, and it seems to me just so long as we attempt to cover these things up, as we fail to inform the public of the danger and extent of these diseases, just so long will they continue to multiply and spread and be transmitted from one to another. The number of cases that are innocently infected is perfectly astounding and I cannot see that any good is to be gained by keeping knowledge of these things from the general public. I believe that the medical profession have been negligent in that they have not done their full duty in regard to these matters. I wish I had some solution to offer. I personally am simply stating the question. I haven't any thoughts to give you at all as to how to control the social diseases, but I do think that the greater responsibility does rest upon the medical profession, that we as a profession must be teachers, that we must point the way and that we should protect the innocent members of society. Perhaps in the future, with our improved methods of treatment and our improved diagnostic methods, there will come a solution of this question, the end of which we, at present, cannot see.

The moral phase of the subject is one which I don't feel at all competent to deal with. I think the clergy, the churches, the public societies of women and the benevolent institutions must work out this problem along their particular lives, but from the medical standpoint

my feeling is that it should be considered fundamentally a public health question; cases should be reported to public health authorities and dealt with in the same way that all other contagions and infections are dealt with at the present time.

DR. GORDON K. DICKINSON, Jersey City: It is going to be a very difficult matter to talk to a paper which was both eloquent and tactful. It was hell that built our churches; Columbus that introduced syphilis into America, and it is conditions of this kind, the result of pre-existing cause, that we are always "up against," for at one end of our bodies we have our brains—the essence of which we call our soul, at the other end we have that of which we are made—germplasm, and it is impossible for us as human beings to get away from the tendencies of one end and the desires of the other.

In the exposition of the social problem, particularly syphilis, we have to consider the practical, the social and the educational parts of it, but while doing so we must not forget the fact that there are such things as modesty and decency, for if in the exposition we do forget them, if we forget the influence of home life and the training of the mother, we will be doing the contrary to what we are doing in all other departments of science. In the practice of medicine and surgery when we get around to that which we settle upon as a cure—on which we are all agreed—we find we have come closer to nature's methods. Nature has long been trying to solve the social problem herself, and has been trying to do so through modesty and decency, the natural defences against evil. I do not want to say a word against education and know there must be discussion, but we must not in our education and discussion underestimate the disposition toward modesty and decency, but rather so educate as to develop them.

DR. FRED W. OWEN, Morristown: The question is very important, more important in the aspect of thoughtful prevention than in that of therapeutic paralysis or semi-paralysis, and I want to call attention to one proposition, and that is this, that from the first year to the fifteenth year, when the son is under the influence of a truly Christian mother, nine hundred and ninety-nine times out of a thousand there is no social disease. From the twenty-fifth year, if a man is under the influence of a Christian wife, not a weak Christian wife, but a strong one, his human nature is the same, but nine hundred and ninety-nine times out of a thousand he controls it. Now, if a man marries in his twentieth year he has only about five years of dangerous gap to pass, but he is frequently about the fifteenth year sent off to some institution where he meets with those who lure him from the paths of virtue. I would have a family physician faithful to warn those families who were going to send a son off to boarding school and to advise against it. I tell you, after forty years of experience, that in families where the sons have been constantly under the influence of a Christian mother it is almost impossible to find one who is a victim of this evil and the more appealing forms of the social evil. The true protection is in the home. Now, in the city of Paris, one of the worst cities from that point of view that

you or I know anything about, they have what they call the Bourgeoise—i. e., they have the careful, moral middle class, and it of my observation when studying there that my fellow-students who belonged to the Bourgeoise were steady, and those who belonged to the aristocracy and poorer class were in much greater percentage the reverse of it; therefore, I place this proposition before this society, that the best thing for the young man is to get his education, and, at least his breakfast and suppers where his mother is, and then he would have a great deal more chance to remain what he should be. We know human nature is the same. It makes a vast difference about the kind of influence you are under, a vast difference. Up to twelve the son follows the mother; after twelve the father, and fathers should fully feel their share of this responsibility.

DR. MARTIN W. REDDAN, Trenton: I want to commend what the last speaker has just said. I think we are getting at the wrong end of this proposition. Our aim should be to prevent, as far as we are able, rather than try to cure the social evil. The time to begin is in infancy. The little boy and little girl who kneel at the mother's knee and pray to God to keep them pure are the least likely to be contaminated. It must be continued in the school. And the child that knows and calls on Jesus to keep him pure day and night, is going to be pure. It is the essential thing to teach morality with your general education.

SKIN LESIONS OF SYPHILIS.

CHARLES H. PURDY, M. D.,
Jersey City, N. J.

The cutaneous manifestations which are present at some time or other in every syphilitic are so "objective" that they have been regarded ever since the disease has been studied as, perhaps, the most important symptom of the malady. In the brief time allotted to me for this subject, I will be able only to skim over the subject in a superficial way, touching those points that present themselves to us in our daily routine of work.

A knowledge of the cutaneous lesions of syphilis involves not only the study of syphilis, but a fair knowledge of dermatology as well. One prominent dermatologist, Doctor Bulkley (if I remember rightly) once said that one who knew eczema knew one-third of dermatology. I believe I can go him one better and say that one who knows syphilis knows all of dermatology; for a differentiation of syphilis eruptions must be made from nearly all dermatoses, and it is a thorough knowledge of all other eruptions that is frequently necessary to make the diagnosis

possible from the cutaneous lesions alone. The saying of Jonathan Hutchinson "that syphilis imitates all known eruptions, but produces no originals" still holds good.

The discovery of the specific spirochaete of Shaudinn and Hoffman, and the sero-reaction of Wassermann have simplified the diagnosis to a great extent, but many of us are old-fashioned enough, not to say egotistical enough, to insist that the diagnosis of the disease may be made pretty accurately by the clinical history and objective manifestations in a given case; and reserve the sero-reaction as a therapeutic index rather than as a diagnostic one. The microscopic examination for the spirochaete is usually a difficult one in the secondary stage and not always practicable; though its use in the primary eruption I believe to be of utmost importance, as the earlier we can make a positive diagnosis, the earlier, or at least the more positive we can be of a complete cure of the disease.

Although the anatomy of the cutaneous manifestations of syphilis has doubtless not changed since the beginning of the malady, the classifications of the eruptions have been without number; but the tendency of modern writers is toward simplification, avoiding such terms as syphilitic psoriasis, syphilitic lichen, syphilitic pemphigus, etc., eruptions which syphilis may resemble more or less. The classification of Cazenave modified by Sangster, arranged according to pathology, is as good as any and seems to meet every requirement.

Leaving the primary eruption or chancre out of consideration, we may first divide the classification into secondary and tertiary eruptions. The secondary may be divided into early and late, as also we may divide the tertiary, but inasmuch as we frequently see instances of late secondary and early tertiary lesions intermingled, this division is apt to be arbitrary, and no set and fast rule can be employed that will work out in practice, unless we place only gummatous and ulcerative lesions in the tertiary division and call all others early or late secondaries, making the rash that immediately follows the initial lesion the early secondary and all other eruptions, exclusive of the gummatous and ulcerative, the late secondary eruption.

The time for the appearance of the various eruptions is uncertain; with the exception of the early secondary, which in a large proportion of cases is somewhere

from four to five weeks from the appearance of the chancre; though occasionally we see cases where the eruption is considerably later than this.

The early rash is always general and symmetrical in distribution; the late secondaries not so general and not so apt to be symmetrical in distribution. The tertiary lesions almost never symmetrically arranged and never general. The syphilitic virus has an overwhelming affinity for the epithelial tissue. According to Unna and Andrews the characteristic histological changes found in cutaneous syphilides is the plasma cell infiltration and their location surrounding the arterioles; or, as Andrew puts it, "Given a skin eruption in which a perivascular distribution of accumulation of plasma cells and lymphocytes is demonstrable, a strong case is made out for syphilis."

Cutaneous syphilides present one or more of the following characteristics:

First—A large majority of syphilitic eruptions are neither accompanied or preceded by a chill or rise of temperature, thereby differing from the acute exanthemata; but in those rare instances of fever the rise is not high— 100° to 101° —and rarely lasts over two or three days. In the few cases I have observed in which chill or chilly sensations were present, I have attributed the fact to nervous phenomena rather than to the effects of the syphilitic virus.

Second—Their slow and sluggish development, evolution and resolution; usually persisting weeks or even months. This is usually the rule, though occasionally we see an eruption suddenly burst out in a few days, especially after a hot bath or after an alcoholic excess.

Third—Their freedom from subjective symptoms—pain, burning or itching. This is true of the majority of syphilides, but we must take into consideration the location of the lesion; a syphilide of the scalp, scrotum, vulva or anal region frequently does itch, and again we must take into consideration the possibility of other dermatoses, such as eczema, scabies, urticaria and, perhaps, seborrhoea that may be present, in arriving at a diagnosis.

Fourth—Their rapid disappearance or modification in appearance under mercurial or iodide treatment. This is thought to be a crucial test of the syphilitic nature of all eruptions, and indeed it is in a large majority of instances; but some cases of lichen planus that are positively not syphi-

litic clear up rapidly under mercurial treatment, and some of our old persistent cases of psoriasis will clear up under salvarsan.

Fifth—The coppery color or raw ham tint of the eruption. This is probably the most ancient of the syphilitic characteristics. Leonice first noted it in 1497, and Fallopius in 1555 compared it to raw ham. The reddish-brown color of the syphilide is not at first due to an increase of pigment in the epidermis, but rather to the localized hyperemia and blood stasis, combined with the brownish color of plasma cells, which so largely are accountable for the infiltration of the corium.

It is best appreciated if we press the lesion under a glass spatulae or a microscopic slide. This raw ham tint is of value to us in making our diagnosis only when it is pronounced, and we should not forget that some of the non-syphilitic dermatoses also possess a coloration that is very like it.

Sixth—Polymorphism. I believe this characteristic to be the most constant, especially in the late secondary lesions. An eruption may be present at the same time—erythematous spots, scaly patches, papules, vesicles, pustules, or crusted patches, changing from one to the other, and several varieties appearing on the same individual. The tendency to multiformity is, perhaps, more characteristic in syphilis than in any other disease except, possibly, scabies of an advanced type.

Seventh—The frequent development of papules.

Eighth—The individual lesions of syphilis commonly appear as small circumscribed patches or present a crescentic arrangement.

Ninth—Kaposi considers of great importance the firm consistence or indurated feel of the later lesions, due to the aggregation or packing together of large numbers of plasma cells around the vessels and in the connective tissue fibers of the true skin.

Tenth—The localization of the syphilide is a fairly constant characteristic. The earlier eruptions are usually symmetrically distributed on the abdomen, chest, back, flexor surfaces of arms and thighs, neck, forehead and about the mouth. The late secondary and the tertiary lesions, on the other hand, are usually asymmetrically arranged and tend to group themselves, for instance, on one side of the face or scalp, one palm or sole of one foot, the upper third of the leg. The tendency of the later

lesions to assume gyrate or serpiginous form is also frequently observed.

Eleventh—The punched-out appearance of the walls of syphilitic ulcers with their zone of induration is a classical characteristic of the later lesion.

As I remarked a few moments ago there is the affinity of the syphilitic virus for the epidermic tissue, therefore, it is not unreasonable to include the modifications of the skin, the hair and nails. The alopecia so marked in some of our cases should be noted as one of the characteristics of this disease. This symptom seems to be one of the most looked-for by the laity, and we are frequently advised of the condition even before we look for it ourselves. The change in the nail structure is usually a very late condition and rather a rare condition at best, and so like the changes that occur in other diseases I merely speak of it in passing.

The lymphatic enlargement is almost a constant characteristic in the primary and secondary stage of the disease, but is not as frequent in the tertiary stage. In making our diagnosis of syphilis from the eruption alone, one must take into consideration liability of a syphilitic to other dermatoses; acne for instance is particularly frequent. We should also not forget the coexistence of other micro-organisms, as the seborrhoeic for instance. Indeed, both Unna and Sabaroud lay great stress upon the modification of syphilitic lesions by this parasite. It is probably the presence of this micro-organism that so modifies certain lesions that they closely resemble those of psoriasis or lichen. We should not forget that the spirochaete is not a pus-forming organism of itself, and that pus in a syphilitic lesion is due to the presence of some of the pus-forming micrococci. When we take into consideration the different forms in which syphilis may manifest itself upon the skin, exhibiting as it does every conceivable variety of shape, color, consistency, surface distribution and situation, it follows, therefore, that circumstances may arise that will make it necessary to differentiate between syphilis on one hand and almost any other cutaneous disease on the other, and it is here that the knowledge of the prominent characteristics of various cutaneous diseases is of value, in order to arrive at a true diagnosis. Nothing is more embarrassing to us—not to say inconvenient to the patient—than to diagnose and treat, say a case of pityriasis rosae for syphilis, some situations may present them-

selves and explanations are liable to be called for that will tax our ingenuity to explain away to the satisfaction of all concerned.

The referring of cases to the pathologist for diagnosis is not always convenient and is apt to discourage the habit of close clinical observation, which is the first qualification of the physician. Rather employ the pathologist from time to time to make the Wassermann tests as an indication to treatment and reserve the laboratory diagnosis to those infrequent cases where positive diagnosis is in doubt.

In discussing the diagnosis of the cutaneous syphilides, we take it for granted one has gone into the clinical history of the case, examined the muco-cutaneous openings for the evidence of scars, mucus patches, moist papules or condolomata, also the classical situations for glandular enlargements. Lesions in these situations are so absolutely pathognomonic of syphilis that the diagnosis is settled at once. However, not infrequently cases present themselves in which the clinical history is negative or not sufficiently clear to be applied to the case, and the lesions at the various situations mentioned do not appear sufficiently prominent to warrant diagnosis from this source alone and the cutaneous manifestations will be the sole condition on which to base our diagnosis.

The early lesions, the roseola, macular or erythematous, either alone or intermingled with papules, may simulate at times the acute exanthemata, the various forms of erythema, seborrhoeae, drug rashes and pityriasis rosae. There should be no difficulty in differentiating syphilide from the acute exanthemata, if we remember some of the syphilitic characteristics—absence of burning or itching, also the age of the patient and the symptoms that usually accompany the exanthemata. From the erythematous eruptions, however generalized, it is usually not difficult to differentiate. The erythemas affect particularly the backs of the hands and wrists, points avoided by syphilis. The erythematous skin lesions are usually larger in size than the syphilitic roseola. The erythema is usually associated with some digestive disorder and with the erythema there is itching and burning or pricking.

Seborrhoeae may resemble a syphilide at times, particularly on account of its color, but the situation of seborrhoeae—the middle of the chest, shoulders, the extensor surface of the legs, and the marked seborr-

hoar of the scalp, the greasy scales and the itching should serve to clear up the diagnosis.

Careful questioning as to the taking of certain drugs should clear up the confusion that may arise in cases of the various drug rashes that might mislead us.

Pityriasis rosae is probably mistaken more than any other skin disease for the early maculo-papular syphilide, and has been treated for syphilis times without number. Pityriasis has several peculiarities not found in syphilis. The macules have a fawn-colored centre surrounded by a rosy or salmon-colored ring. They are covered by a branny scale, the bases of which are attached to the periphery of the macule and their free ends all point towards the centre. The eruption commonly begins on the upper part of the body and gradually extends downward; there is usually one initial or so-called "herald" patch, and finally, pityriasis almost never appears on the face.

By far the most common and probably the most difficult skin lesion that we have to differentiate from a papulo-squamous syphilide is psoriasis. The old name of syphilitic psoriasis, so often applied to the small papular syphilide, indeed suggests the confusion that may arise. It is not the large patch which is likely to give rise to difficulty, but the small guttae or punctate variety. In psoriasis the lesions are to be sought for on the points of the elbow and knee, the extensor surfaces of the arms and legs and the backs of the hands—locations that are avoided by syphilides, which prefer the flexor surfaces, the palms and soles and very rarely indeed on the backs of the hands. The nature of the scales is often suggestive; those of psoriasis are silvery white and less friable than those of syphilis. In removing the scales of psoriasis with a blunt instrument we find the characteristic bleeding point of the papillae; while a syphilitic patch presents a mere erythematous macula without the bleeding point. A denuded psoriasis patch does not have the same indurated feel that is observed in a syphilitic lesion.

The next most frequent disease from which a syphilide must be differentiated is lichen planus. The primary papule of a lichen is about a pin's head in size and is always polygonal in outline, and a lichen patch is made up of an accumulation of these papules, presenting a mosaic-like appearance; they always itch and the itch is usually intense. Syphilides never assume

this form and very rarely itch. Lichen patches are usually of a violaceous color; syphilis patches are of the so-called raw ham tint.

Acne vulgaris has sometimes been mistaken for syphilis. The location of acne—the face, back and shoulders, with the associated comedones, should make the condition clear. However, a person with acne may also have syphilis and confuse us somewhat in our diagnosis, but when we recollect that polymorphism is a characteristic of syphilide, and carefully investigate the surface of the body, we are sure to find maculae, squamous patches, moist papules or some other lesions that do not correspond to the acne lesions and thus clear up the diagnosis.

The diagnosis of eczema should not present any difficulties when we recollect that the primary lesion of eczema is always a vesicle and never a papule, and the burning, itching and weeping or moisture of an eczematous patch is not at all the characteristic of a syphilitic lesion.

Without doubt the most frequent of all the conditions from which it is necessary to distinguish the tertiary lesions of syphilis is tubercular ulceration or lupus vulgaris. Both cause chronic inflammation and give rise to a certain formation of new tissue known as granuloma. Both are chronic in their course; both are liable to ulceration; both are frequent on the face. The ulceration form of skin tuberculosis is liable to be mistaken for the ulcerative tertiary lesion; lupus for the nodular syphiloderm. The differentiation may present some difficulties, but if we analyze the cases carefully we should arrive at a diagnosis with reasonable certainty.

Tuberculosis of the skin is essentially a disease of early life. The ulcerative or nodular syphilide a very late manifestation of syphilis. Tubercular skin lesions are comparatively slow in growth, a tuberculous condition will take months to attain the size that a syphiloderm will arrive at in as many weeks. The lupus has the distinct apple jelly appearance; the syphiloderm the raw ham color. Lupus of the face frequently commences in the nasal mucous membrane and spreads outward; where syphilis is more apt to commence at some outlying situation, the forehead, cheek or temple and extend toward the median line. Inasmuch as this form of syphiloderm is nearly always a very late stage of the disease, we are apt to find the characteristic grouped scars of former

ulcerations on other parts of the body; whereas in a tubercular lesion we are apt to find some other tubercular manifestation as evidenced by broken-down tubercular glands or tubercular joint affections. Finally, we have the characteristic of all syphilides of clearing up under mercury or iodides.

Lupus erythematosus may at times be mistaken for a papulo-squamous syphilide, but if we remember that a lupus erythema is nearly always a symmetrical affection, very slow in growth and never tends to ulceration, and a papulo-squamous syphilide is rarely symmetrical and frequently ulcerates, we should experience no difficulty in making a diagnosis.

DISCUSSION.

DR. H. J. F. WALLHAUSER, of Newark: Dr. Purdy has had a very difficult subject to present, and well deserves our thanks and congratulations for the able manner in which the main features in recognizing the skin manifestations of this protean disease have been brought out.

In the differential diagnosis, while a knowledge of the conditions resembling syphilis are of great value, yet it is possible to be reasonably certain in diagnosis without this aid, as in other diseases with skin manifestations, i. e., variola, measles, scarlet fever, etc., each have their distinctive features. In syphilis there is something very characteristic in the color and contour of the lesions, and while not so easily defined as in the above conditions, yet is so conclusive that to those coming in daily contact with the disease, leaves very little doubt as to diagnosis, even from a casual inspection.

From our present knowledge of the rapid invasion of the specific organism of the disease, early recognition has become the most important feature in diagnosis, and the former teaching of waiting for the more certain establishment of the diagnosis by the advent of the secondary eruptions, is no longer tenable. Many of the severe results that have occurred in the course of this disease have without question been due to this erroneous teaching. Feeling that the disease should be arrested as soon as possible, it has been my custom for many years to apply intensive treatment early, and even in doubtful cases this plan has been followed, on the ground that the patient should receive the benefit of the doubt.

We are considerably better off to-day, as we can now be reasonably certain in diagnosis by recourse to the laboratory. The establishment of the spirochete pallida as the cause of the disease has been a wonderful aid in early diagnosis, as it usually is not difficult to find the organism during the initial stage. As the disease progresses to the stage of generalized eruption, the differential diagnosis becomes more easily established; there are only a few conditions that really bear any close resemblance, yet in rare cases even to those with considerable experience, an element of doubt may sometimes be present. In such cases we

are fortunate in having the Wassermann test, and especially so since the test is most valuable during this period, being found positive in about 95 per cent. of cases.

Dr. Purdy described the condition that may occasionally have to be differentiated during this period of the disease, but there is another that I would add which has given rise to error even to those of large experience in dermatology. It is described under the title, erythrodermie pityriasique en plaques disseminees, or resistant maculo-papular scaly erythrodermia. In an early case the remarkable resemblance of this condition to maculo-papular syphilide may easily lead to error, but as time goes on the persistence of the eruption places all question beyond doubt.

In the late tubercular and pustular lesions of syphilis, the diagnosis can easily be established with certainty; the only conditions of clinical resemblance being tuberculosis and epithelioma, from which syphilis is separated by the more rapid extension of its lesions. In tuberculosis, extension is slow, usually consuming years to produce the same amount of tissue destruction that occurs in months in syphilis, and when the central part of the face is involved as so frequently happens in both syphilis and tuberculosis, in the location about the nose, bone destruction is a characteristic feature in syphilis, while tuberculosis involves the cartilages, the bones being spared. In epithelioma, in addition to slow progression, we have the characteristic waxy border instead of the outlying tubercular ulcerations. Adding the tendency to circular and serpiginous extension in late syphilis, we can form a mental picture which cannot easily be confounded with any other condition.

THE MANIFESTATIONS OF SYPHILIS IN INFANCY AND CHILDHOOD.

BY JULIUS LEVY, M. D.,

Newark, N. J.

One cannot have a comprehensive knowledge of the morbidity and mortality of infancy and childhood without a thorough familiarity with the manifestations of syphilis; for while the nutritional and developmental disorders and defects of early life have received many names, syphilis is often the common etiological factor.

Those who suspect the presence of syphilis only when dealing with an atrophic infant that is covered with sores and almost suffocating from snuffles will hardly accept the statement made by Bennie that 10 per cent. of the children are infected with hereditary syphilis and that this 10 per cent. furnish one-half of the pediatric material and almost one-half of the mor-

tality of early infancy. However, when we include in our picture of the effects of this disease all the abortions, still births and malformations, defects in nutrition and development, body and mind, that we have learned are often of syphilitic origin, we will be more disposed to accept it. No accurate idea of the frequency of hereditary syphilis is obtained from reports such as those made by Still, that of 4,830 dispensary patients under 12 years of age .6 per cent. were positively syphilitic and about 1 per cent. more gave some symptoms of the taint. The symptoms may be so trivial or point so definitely to some easily recognized disease that syphilis would never be suspected. This is clearly shown by the report of Churchill, who found that 39 per cent. of 100 children sent to the hospital for conditions varying from adenoids to tubercular meningitis gave a positive Wassermann reaction.

Hereditary syphilis has a very high mortality and morbidity. In 1891 Fournier worked out the following, according to the nature of the infection: if the fetal syphilis was of paternal origin the mortality was 29 per cent. and morbidity 37 per cent.; of maternal origin the mortality was 60 per cent. and the morbidity 84 per cent., and if both parents were infected the mortality was 68 per cent. and the morbidity 92 per cent. Since the Wassermann test we have learned that practically in every case of fetal syphilis the mother is infected, and so the mortality for hereditary syphilis can be placed at 60 per cent. and the morbidity at 85 to 90 per cent. These observations receive corroboration from the reports of Hochsinger, who, in 1910 found of 516 syphilitic infants 253 were still born, 55 more died before the age of 4 years in spite of specific treatment and not more than 25 per cent. reached adult life.

Symptoms of syphilis appearing after the second month may be due to acquired syphilis, which is often contracted in ways little thought of. In one case an infant had a chancre on the buttock from contact with the vulva of the mother, another had a chancre on the lip from sucking the whistle of a conductor who had mucous patches in his mouth; one small boy developed a chancre on his lip from smoking his uncle's discarded cigar stump; one infant infected itself by poking its fingers into the mouth of a syphilitic and then sucking those same fingers.

In speaking of syphilis in children it would be natural to adopt common usage

and speak of a hereditary form and an acquired form, but it seems to me more correct and helpful to speak of all syphilis as being acquired and then dividing it into syphilis acquired before or after birth and then subdividing syphilis acquired into the embryonal period, early fetal period, and in the late fetal period. For you will readily acknowledge that syphilis, though transmitted from the parents, is not an integral, inherent part of the germ plasm, which remains but little modified over many generations; it is not in any strict sense hereditary.

This view of syphilis in children is helpful because it emphasizes the unity of syphilitic infection no matter where it occurs nor what its effects may be; it explains the great differences between infant and adult syphilis as due to the differences in the physiology and anatomy of the organism at time of infection, whether it be embryo fetus, infant, child or adult. Imbued with the idea that hereditary syphilis was quite different from acquired syphilis and that cases of hereditary syphilis showed such widely varied results, the early syphilographers attempted to explain these differences by saying that in some cases the infection was of paternal origin, and in some of mixed infection. But the Wassermann reaction has shown that this explanation is not satisfactory, for it appears that every mother of a syphilitic child has had syphilis, though she may not show any symptoms and be ignorant of its existence. Le Buys has always found the reactions identical in both parents, whether positive or negative. Knopfmacher found positive Wassermann reactions in 56 per cent. of 45 mothers, 32 of whom denied the existence of syphilitic infection.

The best explanation of the manifold and varied manifestations of parentally transmitted syphilis is that it is the time of pregnancy, the period of fetal development at which the infection takes place or becomes active that determines the result of the infection. Since the first two months after conception is the period of cell proliferation and organ formation, any disturbance in the fetal blood as from infection causes a derangement of the essential function of this period, that is, it inhibits or abnormally stimulates cell proliferation and so gives rise to malformations, deformities and monstrosities.

About the third month of intra-uterine life we have a period spoken of as the neo-fetal period, one in which a marked change

takes place in the manner of fetal nutrition with the establishment of the placental circulation. Any toxemias or infections at this time would interfere with this adaptation and so terminate the life of the fetus with abortion. After the third month we have a formed fetus, but the organs still undergo considerable growth and development. Now the same toxic conditions would produce inflammations and infiltrations of the tissues instead of deformities or abortions, and it is from infections active during the middle and late fetal period that there results endocarditis, cirrhosis of the liver, endarteritis, osteochondritis, indurative or suppurative processes in the thymus gland, infiltrations into the pia, brain and cord. The pathological anatomy and morbid processes are now apparently identical with those found in acquired syphilis in adults, and still the results will be very different on account of the differences in the relative importance of organs involved; an indurative or suppurative process in the thymus gland in the seventh or eighth month of pregnancy—the time of its greatest functional activity—would interfere with the development of the osseous and nervous systems, while later when this gland is atrophied and has little function, the same morbid process would have no affect.

At birth the fetus undergoes a complete change in environment. The organs which were dormant, as the lungs, intestinal tract, skin and kidneys, now become active and the organs that practically carried on the whole fetal economy take a lesser part, as the thymus, liver and heart. During fetal life the skin and mucous membranes have been protected from all kinds of irritation and kept moist by a protective fluid; at birth we rarely find any lesions in the protected and inactive organs—only 3 to 6 weeks later after exposure to irritation do we find lesions in the skin, mucous membranes, kidney.

Syphilitic infection acquired before birth is modified in and by the physiology and morphology of the embryo and fetus; it is also affected by the portal of entry being the placenta, the organ of respiration and nutrition. In this way the most rapidly growing organs receive the largest amount of infected blood in its most toxic form and show the most marked lesions. Furthermore the growth and vigor of the fetus depends on the integrity of the placenta, and when this becomes diseased from maternal syphilis, the fetus suffers even with

its life. On the other hand the child may be born and live and show no lesions or symptoms of the infection, and still permanently suffer from this interference with its nutrition during fetal life. On such a basis rickets, malnutrition or tuberculosis readily develops.

Parentally transmitted syphilis will manifest itself, then, by abortions, premature birth, early and sudden deaths, congenital debility, malformations, defects in growth and development. It also will precipitate conditions to which the newborn show a normal tendency on account of the transitional state of the blood, blood vessels and circulatory apparatus, as hemorrhage, severe jaundice, edema, melena. Sometimes the infant is born with its infection clearly apparent, but more often it is apparently in good health. It is well nourished, of normal vigor and nothing is noted till about the third to the sixth week, when the mother may speak of the baby's difficulty in nursing on account of a cold in the head. This is sometimes so severe that when it takes the nipple into its mouth it cannot breathe, becomes blue and seems to suffocate. Often a sanguinous discharge appears from necrosis of the bone. I need hardly state that snuffles in the first few weeks of life is not enough to establish the diagnosis of syphilis. The catarrhal condition of the nasal mucous membrane very often also reaches to the larynx and gives rise to that hoarse, pitifully feeble cry that should always call our attention to the possibility of a syphilitic infection.

The cutaneous manifestations are very variable, both in character and time of appearance. Pemphigus is very suggestive of syphilis, but is not so very common and is not peculiar to it. Pemphigus will occur in any severe toxemia of early life on account of the loose attachment of the epidermis to the deeper layers. The large bullae, usually appearing on the hands and feet contain a sanguinous purulent material. Macular papular scaly eruptions are more common and are irregularly distributed over the trunk of the body. A thin, shiny skin, with an indefinite yellowish appearance is very suggestive of syphilitic infection. At times nothing but a general extensive desquamation is noted. Fissures, ulcerations, condylomata and linear scars appear only after weeks of exposure to dust and irritation.

In the osseous and nervous systems are noted some of the most serious affects of the syphilitic infection. Since the growth

and development of these tissues is very active in the first two years, we find defects of development as well as inflammatory conditions. Epiphysitis, osteochondritis, or perichondritis, as Fitzwilliams insists the lesion should be named, is almost a constant and most characteristic manifestation of infantile syphilis. While the swelling and pain is most marked at the epiphysis, careful examination will show an inflammatory process along the whole shaft of the bone. It usually appears before six months and so ought not be confused with rickets and scurvy, which besides showing other symptoms, appear after six months. Periostitis, osteomyelitis, dactylitis, onychia, cranio-tabes, exostoses are some of the common results of fetal syphilis. Cranio-tabes and bosses on the skull were considered by Parrot and Carpenter positive evidences of syphilis, but careful observation has shown that both may occur in rickets without syphilis. But they are evidences of serious pathological bone development and should direct our attention to the possibility of syphilitic infection, even if rickets is present, for syphilis is often the soil on which rickets grows.

The temporary teeth do not ordinarily suffer because they are formed at a time when a severe infection would be likely to end fatally. But when the infection occurs in the early fetal period the first teeth are likely to suffer in the rate of development and the resistance of their tissues. Early decay may suggest fetal disease. Sometimes they appear early and decay early; in a larger proportion of cases they appear late, irregularly, and out of the usual order of eruption. The secondary set shows the Hutchinson teeth because they develop at the end of the fetal period and receive the full affect of the syphilitic toxemia. The hair similarly often appears early and abundantly or late and sparingly.

The manifestations of cerebral syphilis are as manifold as those of cutaneous syphilis, but of much graver moment. Endarteritis, interstitial infiltration, thickening of the pia and dura are usually present in some degree. Gunmata are rarely found in early infancy. These pathological processes are the cause of maldevelopment and microcephalus, hemorrhage into the brain with consequent idiocy, paralyses, epilepsy and convulsions, hydrocephalus, blindness, persistent headaches and feeble-mindedness. Danish observers found that of 2,000 mental defectives, all adults, 31 reacted positively to the Wassermann test.

In another series of idiots, 15 per cent. gave positive Wassermann reactions, though 75 per cent. of this number gave no symptoms from which syphilis would be suspected. Of 100 children in a hospital examined at random by the serum test 9 had lesions of the nervous system and gave a positive reaction. The conditions included meningitis, chorea, idiocy and epilepsy. Knopfmacher reported that out of a series of 29 cases of hydrocephalus, 27 per cent. gave positive reactions. Lesions of the nervous system, and of the eye and ear, may not become apparent till the end of the first decade or beginning of the second and still be the first expression of fetal syphilis.

In such cases of retarded syphilis and in the many indefinite derangements of infancy and childhood the Wassermann is of unusual interest and value. Through it we have learned that many conditions develop on a syphilitic basis and that others are the expression of a syphilitic infection, though classified as distinct disease entities, often of unknown origin. In Churchill's series of 100 hospital children, none of whom was sent in with a diagnosis of syphilis, 39 per cent. gave positive Wassermann reactions. Of this number 2 had general tuberculosis, 4 tubercular joints, 1 tubercular meningitis, 1 pulmonary tuberculosis, 3 enlarged glands and adenoids. It is easy to conceive how these conditions may have been prevented if the early anemia malnutrition, scrofulous conditions had been actively treated with anti-syphilitic measures. Nine had diseases of the nervous system, as meningitis, epilepsy, chorea and idiocy. I have found positive Wassermann reactions in two cases of idiocy, and I believe that the more general application of this test will show that many cases of mental defects are due to fetal syphilis. In this same series 5 of the 39 that gave positive reactions had chronic endocarditis and congenital heart disease. In the light of studies in ante-natal pathology it is reasonable to look upon these defects as of syphilitic origin.

The Wassermann reaction reveals many cases of fetal syphilis that without it would surely be overlooked. In a series of 32 infants with syphilitic mothers 3 showed no symptoms whatever, and of 13 mothers with apparently healthy babies, 9 mothers gave positive reactions. In one case an infant gave a positive Wassermann, though the mother had been infected 12 years before and had received three courses of

treatment. The father and mother usually gives the identical reaction, whether positive or negative; likewise the mother and infant. Syphilitic infants do not infect their mothers because they have had syphilis, though it has passed unnoticed. In a certain number of cases the parents give a positive reaction and the infant a negative reaction. This negative reaction is best explained by considering the syphilis of the infant as latent or inactive. Of course, the infant may have escaped the infection or there may have been some error in the technique, but where the mother gives a positive reaction, I think it is safer to treat the infant as syphilitic, no matter what its reaction to serum test may be. It is also held that a positive reaction in the infant need not mean active syphilis, but merely that the anti-bodies necessary for the reaction have passed to the fetus from the mother's blood. The same phenomenon has been noted in typhoid fever. But, in spite of such a possibility, I believe it is proper to consider every positive Wassermann in a child as evidence of syphilis. The serum test has proven of what little value in making the diagnosis of fetal syphilis is a negative history of syphilis in the mother. Knopfmacher found a positive Wassermann in 56 per cent. of 45 women, 32 of whom denied any history of syphilis. We must not forget that only about 60 per cent. of syphilitic women will give a positive reaction, for this is the proportion found in latent syphilis. So when we test the mother's blood, instead of the infant's, as has been suggested for very puny infants, we must remember that a negative reaction in the mother is not as conclusive as a negative reaction in an infant, since syphilis in the infant is rarely inactive. The syphilitic serum test will, I believe, throw light on many cases of disordered nutrition and metabolism, on many chronic dystrophies and defects in development, on much of the early mortality and morbidity; it's general application is essential for an early recognition of the syphilitic taint and to obtain the best results from treatment.

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DISCUSSION.

DR. ARTHUR STERN, Elizabeth: The very able paper read by Dr. Levy leaves very little for discussion. He has brought forth the most important phases of the pathology of congenital syphilis and gives us the modern ideas of the nature of this frequent disease of infancy and childhood.

His interpretation of congenital syphilis is most fascinating, yet it seems to me that he deprives the physician of the most valuable diagnostic points, if he throws the congenital and acquired forms together.

The symptoms of the congenital forms vary, as everybody knows, so much from those of the acquired form that we should hold them apart. The early catarrhal signs, the peculiar yellow shining skin and the predilection of the disease in the palms of the hands and soles of the feet are so unique that I am afraid if we give up our old division that the disease will be even more overlooked than it is to-day.

I agree with Dr. Levy when he calls attention to the large number of secondary disturbances on the basis of syphilis, which we know to constitute the early deaths from diseases of the respiratory and digestive tracts. Prenatal and postnatal care will be our great weapons in the future to cut down our infant mortality rate, which in a large measure is based on syphilis.

DR. THOMAS N. GRAY, Orange: It is evident from the clear and forceful presentment of facts by Dr. Levy, that there is no disease to which prophylaxis applies so emphatically as it does to syphilis in infants. No treatment of the mother, who is syphilitic, will diminish the number of premature and still births. No treatment is of avail in the infants who die in the early weeks of life from this disease. So, in prevention, lies the only hope of saving the child now lost through syphilis.

This prophylaxis must be brought about through education, and it is a fact not creditable to our profession that the educational work so far done has been so largely done by the laity. An equal fact is that the medical profession only is properly equipped to give teaching on this disease and its inroads on child life.

This education, I believe, should be along the lines which will lead to legislation looking to the control of syphilis; and this legislation should make syphilis reportable as are other contagions and infections, and provide means for isolation and quarantining until the infective period is passed—and we are told by syphilographers that a patient showing a negative Wassermann, made at frequent intervals, for one year after the cessation of treatment, is not infective.

Authorities tell us that a large percentage of the insane, epileptic and defectives are so through syphilis. What financial folly to support the multitude in institutions for such, there because of a disease largely preventable, when a law compelling the reporting of syphilis and another making it obligatory for counties to establish hospitals for the isolation and quarantining of those known to have this disease until no longer infective, would rapidly curtail their expenses, and in the course of not many years reduce this expense to a minimum! What a crime to allow known syphilitics to procreate, when by isolation and quarantine, so large a percentage of premature and still births could be prevented and the death rate for the first months of life so largely curtailed!

Experience has taught us that legislators are either dense on matters pertaining to the conservation of health and life, or wilful, and it is clearly the duty of our profession to educate the public to the point where if it is denseness, more enlightened men will be sent to the legislature, or if it is wilfulness, legislators will meet with social and political ostracism.

SYPHILIS OF THE EYE.

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The subject assigned to me in this symposium is so large that it is difficult to decide upon what points to touch. Furthermore, the time allotted is so short that what is said must be somewhat general and cursory. No detailed account of the many forms of lues, both acquired and congenital, as seen in the eye and its appendages can be attempted. Therefore only a few of the more common syphilitic eye diseases will be briefly referred to.

Syphilis may affect the eye in any stage of the disease from the primary sore to the late gumma and also in the various manifestations of the hereditary form, and no structure or tissue of the eye or its adnexa is exempt from invasion or injury. Just

what proportion of syphilitics have ocular involvement it is impossible to say with any degree of accuracy. DeWecker's estimate is 15 per cent. It is almost as difficult to say what percentage of patients with eye disease have had syphilis. Alexander found on going over the combined statistics of 138,000 cases that 2.2 per cent. had a syphilitic history. I know of no American figures on this point but can say, from personal experience that the observation of ocular manifestations of syphilis in some phase, in either healed, quiescent or active form, in both hospital and private work, is of very frequent, almost daily occurrence. Many of these patients deny all knowledge of syphilitic infection. In this they are often honest and should not be too hastily accused of prevarication. Bulkley and others have taught us, and our own experience has supplemented this teaching, that there are many cases of innocent syphilis and these patients are often ignorant of the nature of their malady. Bulkley (*Syphilis of the Innocent*) gives the records of over 9,000 cases of extragenital chancre. We should also remember that the secondary symptoms are sometimes very evanescent or even suppressed. In syphilis, as in some other general diseases, notably nephritis, cardio-vascular disease and diabetes, an examination of the eye often gives the first intimation that the patient has, or has had, some extra-ocular affection. He is either unaware that he ever had syphilis or, as is more frequently the case, thought he was cured. Thus, while the faint interstitial corneal opacities of a former parenchymatous keratitis, the old posterior synechiae and pupillary exudate of a former iritis or the scars of a healed chorio-retinitis often indicate the cause of past troubles, the rigid or unequal pupils, the muscular paralyses or optic neuritis point to the cause and nature of other ailments impending or already present. So from a diagnostic standpoint an ocular examination in the case of a syphilitic patient often gives valuable information for the general practitioner as well as for the ophthalmologist.

Of all eye diseases caused by syphilis, iritis is the most common and syphilis is the most frequent cause of iritis, about 50 per cent. of cases being leutic. It occurs in about 3 per cent. of cases of acquired syphilis, and in many cases of the hereditary form either before or after birth. It may appear early or late in the disease, but most frequently during the secondary stage

and is sometimes the first symptom that causes the patient to seek medical advice. Both eyes are more likely to be affected than in iritis from other causes. There is nothing characteristic of the usual case of syphilitic iritis whereby it can be differentiated from iritis of other origin, except perhaps a greater tendency to the formation of a plastic exudate in the pupil and of synechiae. The usual symptoms are pain, lacrimation, photophobia, blurred vision, a pinkish vascular injection around the margin of the cornea, slight swelling of the iris, partial or complete immobility of the pupil which is contracted and may become irregular upon dilatation with atropine, slight, if any, increase of tension, but more often reduced tension of the eyeball and more or less exudation in the pupil and on the surface of the lens.

There are two conditions with which those not experienced in diseases of the eye sometimes confound, beginning cases of this type of iritis, namely, acute conjunctivitis and inflammatory glaucoma. Such a mistake is so disastrous that it is worth while to remind you of two or three cardinal points in their differentiation. Good focal illumination is almost a *sine qua non* in making the examination. In conjunctivitis, the vascular injection is more red than pink, more superficial and is more intense some distance from the cornea and gradually shades off toward the cornea and the pupil is normal in size and mobility. (When examining the pupil, it should be compared with that of the opposite eye.) Also in conjunctivitis there is always more or less muco-purulent secretion, especially in the lower cul-de-sac, but in iritis there is no secretion. In glaucoma, the tension of the eyeball is decidedly elevated, the anterior chamber is shallow, *i. e.*, the iris is pushed forward and lies close to the cornea, and the pupil is larger than that of the other eye. There are other points of difference, but those mentioned are sufficient and absolutely diagnostic in the large majority of cases. The ciliary body is probably always involved and to a considerable degree in the more severe cases, and often the anterior part of the choroid. When the latter occurs, there is, in addition to the above symptoms, a punctate deposit of fibrin and cells arranged in a characteristic triangular shape on the posterior surface of the lower half of the cornea. This is called *serous iritis*. Another form of iritis which is the only type distinctive of syphilis is *papillary iritis*. The symp-

toms are the same as in the plastic form, but in addition there are one or more nodular, yellowish-red elevations in the iris near the pupillary margin. It occurs during the secondary stage, therefore the frequently used term gummatous iritis is incorrect. Furthermore, the nodules are not gummata. There is, however, a true gummatous form, but this is a tertiary manifestation and is rare.

Treatment of syphilitic iritis if begun early and pushed vigorously is very satisfactory, normal vision being usually obtained. Relapses are uncommon. But if treatment is delayed for a few days great and permanent impairment of vision often results. On account of the plastic nature of the exudate the iris soon becomes so firmly adherent to the lens that the synechiae cannot be broken up, and the pupil is partly filled with the exudate. These conditions are prevented by early dilatation of the pupil with atropine. Atropine is further useful by putting the inflamed iris and ciliary body at rest. It is as soothing to these structures as a splint to an inflamed joint. It should be used very energetically until the adhesions are broken up and the pupil is fully dilated and round. At first a 1 per cent. solution may be used as often as every hour if necessary. When the synechiae are unyielding, and especially when there is much pain, cocaine should be combined with the atropine. Dionin in 5 or 10 per cent. solution alone or combined with atropine is very useful in relieving pain and seems to promote the absorption of exudate. In office practice I place a little of the pure dionin on the eye every time the patient calls. Hot compresses and leeches are useful in very painful cases. Of course, the case must be brought rapidly under the influence of anti-syphilitic remedies. These are too often used in a half-hearted, inefficient manner. My favorite method is vigorous daily inunctions of mercurial ointment with, or without salvarsan, according to circumstances.

Next to the iris the choroid is most frequently attacked by syphilis. The retina is involved at the same time, but the more conspicuous disturbance is in the choroid. *Syphilitic choroiditis* or chorio-retinitis may be divided into two classes. The first is an acute form confined to the anterior segment of the choroid and usually associated with irido-cyclitis. The second form is chronic and is located in the posterior segment. In the latter there are yellowish

white areas of exudate in the choroid of varying sizes and shapes which slowly become atrophic leaving permanent white patches or scars surrounded by more or less pigment. When the disease is in the macular region, vision is much impaired.

Syphilis is the most frequent cause of *ophthalmoplegia*. It is a late manifestation, rarely appearing in less than six months after infection and often many years after treatment has been stopped. The third and sixth are the nerves generally affected and occasionally the fourth. The lesion, which is usually a gumma or an endarteritis, may be in the orbit, at the base of the brain, in the brain between the nuclei and the exit of the nerve or in or above the nuclei. The symptoms are quite variable. Paralysis of the third, which is the nerve involved in 75 per cent. of cases, gives one or more of the following symptoms, depending on whether the whole nerve or only some of its fibres are affected: ptosis, double vision, paralysis of accommodation, dilated pupil. The extent and combination of these symptoms vary greatly. They may appear suddenly or gradually and may or may not clear up. Cases that recover show evidence of improvement within three or four weeks after treatment has been begun. Recurring, transient attacks of ocular paralysis in old syphilitics are often the harbingers of tabes, general paresis or disseminated sclerosis.

Another important ocular manifestation of syphilis is *parenchymatous (or interstitial) keratitis*. According to Roemer over 70 per cent. of cases are caused by the hereditary form. It is just 50 years since Hutchinson made his classical contribution to our knowledge of this subject. The disease had previously been supposed to be scrofulous in origin and was called strumous corneitis. Only a small proportion of cases are caused by acquired syphilis, and in these it is usually associated with iridocyclitis or iridochoroiditis; in other words is part of an anterior uveitis. The hereditary variety appears between the ages of 4 and 20 years, the average age being from 12 to 14, and is characterized by its tendency to run a very long course. The duration is from 6 to 18 months. A typical case begins with a slight pericorneal injection and the appearance of one or more small cloudy areas deep in the cornea. These opacities are infiltrations of lymphoid cells in the substantia propria and are thought to be excited by the presence of the spirochaeta pallida. Other opacities

appear with varying degree of rapidity in different cases until the whole cornea presents, on superficial examination, a ground glass appearance. This condition may be reached in a few days, but sometimes not for several weeks. If, at this stage, the cornea is examined with a loupe, many small blood vessels may be seen growing from the injected periphery into the middle and deeper layers of the cornea. There is much more opaqueness in some cases than in others and the impairment of vision varies accordingly. There is always some associated inflammation of the iris, which is usually slight but not infrequently is so severe that it is the predominating feature. After the acute symptoms subside the cornea begins to clear, but this takes months and usually faint traces can be seen with a loupe years after the attack. The cornea never ulcerates and there is seldom much pain. Both eyes are almost invariably affected, but not simultaneously, the second eye following a few weeks after the first has been attacked.

In cases of parenchymatous keratitis of doubtful etiology, the Wassermann test is of great value. Browning and McKenzie (p. 122) after reviewing the work of other investigators "confirm the opinion of Boas, who states that in congenital syphilis the reaction is very constant, and in general, strong as compared with that found in acquired syphilis" and conclude that "*a negative reaction in a case presenting active lesions is strongly against the latter, being due to congenital syphilis.*"

Parenchymatous keratitis requires both local and general treatment. The pupil must be kept dilated with atropine until all iritis subsides. Vascularization and absorption are stimulated by the use of hot compresses and dionin. Subconjunctival injections of salt solution and cyanide of mercury have been recommended. I have not had much success with either, but expect to give them a further trial. Mercury should be given, but it seems to have little, if any, effect on the course of the disease, or in preventing the implication of the other eye. I have repeatedly seen the second eye attacked while the patient was undergoing active mercurial treatment. It may be used in the form of inunctions, or if given internally, calomel or mercury with chalk 1/10 of a grain 3 or 4 times a day are recommended. Salvarsan has not been as successful in this as in other diseases of the eye, although recent reports from those who have made repeated injections in

each case at intervals of about ten days, are more encouraging (Ophthalmoscope, Vol. XI, June). These patients are nearly always anaemic and need iron. They should have plenty of good plain food and be kept out of doors as much as possible. Dark glasses should be worn until the atropine is discontinued. Use of the eyes for close work should not be permitted until recovery. Good vision is usually obtained.

It has been claimed that the prognosis is more serious in cases of syphilis in which the eye is attacked than in those in which there are no eye complications. On this point Motais made some interesting observations (Ophthalmoscope, Vol III, No. 7.) He followed the after-history of 82 patients who suffered from syphilitic diseases of the eye for periods varying from 2 to 19 years. He finds that in 43 cases (*i. e.*, 52 per cent.) grave tertiary lesions occurred. After iritis, osseous lesions and after chorioretinitis, cerebrospinal lesions were the commonest, while the disease following affections of the optic nerve almost invariably attacked the nervous centres. These statistics, taken in conjunction with those of Trousseau, who found tertiary disease in 32 out of 40 patients who had suffered from syphilitic iritis, led Motais to conclude that the prognosis of syphilis with ocular complications is very grave.

As to the use of salvarsan in eye diseases, there can be no doubt that it is a valuable acquisition to our therapeutic resources. That it does not displace our old friend Hydrargyrum is acknowledged by all. There is a large mass of evidence in its favor and very little against it. It seems to be of value particularly in iritis, iridochoroiditis, optic neuritis and neuroretinitis. When salvarsan was put on the market and for some time afterward we were warned not to use it in cases of optic nerve affections, on account of the well known neuro-toxic effect of some of the arsenical preparations. Many cases of blindness had followed the use of atoxyl. Cases of injury at first attributed to salvarsan were found, when investigated closely, to be due to other causes. So that now after its use in many thousands of cases without damage to the eye it seems to be safe to give it whenever indicated.

Just a word on the prophylaxis of ocular syphilis. If patients had the proper treatment from the beginning, there should be no tertiary stage of syphilis, and now that we can, thanks to the laboratory experts,

make a positive diagnosis from the primary lesion, no secondary symptoms either. But such expectations are utopian. However, the treatment of syphilis should be more efficient than it is in many cases. Failure is often due to carelessness and neglect on the part of the patient, but not always. I have found that the majority of syphilitic patients can be impressed with the seriousness of their condition and will take a proper course of treatment. The latter should be considerably more strenuous than (occasionally) doling out some protiodide of mercury tablets, often inert, and prescribing K. I.

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DISCUSSION.

DR. NORTON L. WILSON, Elizabeth: Dr. Sherman has asked me to open the discussion on this paper. I want to say that I am in accord with almost everything he has said. It is well known that the eye symptoms are oftentimes among the very first symptoms so that it is important to make an early diagnosis. He stated in his observation fifty per cent. of the cases of iritis are purely due to syphilis. I am rather inclined to think that is too large a percentage. I think perhaps in my own practice it would not run more than thirty per cent. He uses the term "iritis," I presume because he thinks he is addressing the general practitioner. The term ought to be uveitis, the importance of making a diagnosis of an inflammation of the eyes is obvious. The ophthalmologist is often called either to assist cases that have been mistaken for conjunctivitis or some other disease and when it gets to him it is in such a state that there is little or no chance of giving them normal vision. I want to emphasize that, because it comes home to us who see these cases in our clinics and in our private work. The use of atropine must be used cautiously, not in this disease, but one must be pretty certain as to what condition he has in the eye before he instils a drop of atropine. We do know there are certain diseases which are brought about by the use of atropine. He uses, he says, from 2/10 per cent. of dionin. My own practice is to use on it 75 per cent. of the powder, because if you want the effect you want the condition which will bring about swelling of the conjunctiva and the redness. It has been my experience that I do not get that with 2/10 per cent. solution, which I do with a stronger solution. In using mercury I think the ointment should be used and should be pushed vigorously if you expect to get results. I have had some very successful results from the use of salvarsan. I recall a case where they could not count figures and one injection of salvarsan put that case in a condition where she could read. That does not mean that you must let up on your treatments after you have given a treatment of salvarsan. It is quite important that you should institute mercurial treatment.

DR. LINN EMERSON, Orange: Relative to the percentage of syphilitic iritis I would be

more inclined to agree with Dr. Sherman than with Dr. Wilson, although I think it makes a great difference in the character of your practice, possibly twenty-five or thirty per cent. of one's private practice it might be, but I think in hospital practice it goes much higher, even to seventy per cent. I have always felt that a very high percentage was due to syphilis. Formerly we had no means of making a certain diagnosis as we now have by the positive reaction. Since I have had Wassermann reaction in the last two years, it has only confirmed my views and belief of the high percentage of the cases of iritis that are syphilitic in type. Another point, I have come to the conclusion as an eye specialist that it is rather a mistake for an eye specialist to treat these cases of syphilitic iritis. I am coming more and more to the conclusion that they should be sent back to the family physician or to the syphilographer for the treatment, because the oculist cannot impress it upon those patients that their syphilis is general and that they must have continued treatment for a long time. The ophthalmologist treats them with active syphilitic treatment with a result that in a very short time their ocular symptoms all subside and any attempt on his part to continue treatment is construed on their part as an attempt to restrain them as pay patients. That is one of the greatest difficulties in treating syphilitic patients of all kinds. So it is now almost my invariable practice to send my cases of iritis and other syphilitic eye diseases to the family physician for general treatment.

Another point: I heard a paper read before a general meeting of the society a few years ago, in which the specialist held up the dangers of the use of atropine. We all know that glaucoma is a very rare disease and it certainly is a calamity to have a general practitioner of average skill make the mistake of instilling atropine in patients' eyes and blinding him, but I will ask any ophthalmologist to go back over their experience of fifteen years and tell me where he has seen a case of glaucoma brought on by the injudicious use of atropine, if he hasn't seen a hundred cases of posterior synechia, cataract, etc., from the failure of the practitioner to use atropine. If the ophthalmologist is not available. I would urge the general practitioner to use atropine rather than to withhold it.

DR. EDWARD L. BULL Jersey City: In regard to the differential diagnosis between syphilitic iritis and iritis from other causes, I think the absence of pain which we often have in the early stages of syphilitic iritis is an important point. We have the cloudy iris, the contracted pupil and after the use of atropine the notched pupil, without any severe pain.

I recently saw, about three months ago, a severe case of irido-cyclitis where there had been no pain at all. The iris was very cloudy, the pupil contracted, and after atropine the pupil was very much notched. A Wassermann reaction was positive.

I do not think I have ever seen iritis from any other cause where they did not have pain, and I have seen so many of these cases of iritis without pain in the early stages in which the lesion was proven to be of syphilitic origin that I have come to look upon this absence of

pain in iritis as a diagnostic sign of syphilitic infection.

THE TREATMENT OF SYPHILIS.

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The early years of the present century were marked by three discoveries, each epoch-making for the history of medicine, and in their combined effect almost revolutionary for our conception of syphilis. I refer, of course, to the demonstration of the pathogenicity of the spirochaete pallidæ by Schaudinn and Hoffman, the development of the complement fixation reaction by Wassermann, and the introduction of Salvarsan by Ehrlich. These discoveries, despite their illuminating effect upon the pathology and diagnosis of the disease, and their tremendous value in its practical management, have nevertheless brought into the domain of therapeutics an element of uncertainty and confusion. Not only have our old methods been found not to measure up to our new standards and criteria, but a new and potent factor has been introduced, the effects of which may not be fully understood before our own generation has passed away.

Under these circumstances it is obvious that dogmatic and arbitrary rules of practice are as presumptuous as they are premature; and although some propositions, for the most part of a negative character, may be held to be already established, we must for years to come be content in our practical work to form and to follow only tentative and experimental plans, each trying out his own method and modifying it from time to time as growing experience exposes its inadequacies and imperfections, until the time shall have come when medical science may speak with full confidence and authority upon the therapeutics of syphilis.

It is hard to understand why in this vaunted age of preventive medicine so little has as yet been done towards the prophylaxis of syphilis. The reasons for this probably are, first that the subject is taboo and never discussed outside our profession except sub voce and in veiled and inexact terms. As a natural consequence the public is singularly unenlightened on the subject; many women do not even know of the existence of such a disease, and the little information possessed by the more sophisticated of them is vague and

inaccurate; even professional men, teachers, clergymen and legislators are often absurdly misinformed. Finally the frequency of the disease is generally underestimated and its incidence misunderstood; the former because it is still held to be a secret malady, and morbidity statistics are lacking, and the latter because it is supposed to be confined to vicious men and degraded women. The first step in social prophylaxis must be the changing of all these conditions. The laity should be carefully instructed on the subject of the venereal diseases, and our young men and young women in particular should have authoritative information upon these as upon all sexual matters. Then, and not till then, will the time be ripe for the compulsory reporting of venereal diseases, and for the exclusion of syphilitics and gonorrhoeics from the marital relation; for measures even for the protection of the general health must have behind them the sanction of a strong public opinion, or they will surely be evaded and resisted as unwarranted and tyrannical.

The topical calomel inunction which has been proven so efficacious for personal prophylaxis is not very likely under present-day conditions to gain much vogue outside of the army and navy. It should play an important part, however, in the prevention of syphilis after our young men have become sufficiently enlightened to carry their sexual troubles promptly and frankly to reputable physicians.

Salvarsan, if only its exaggerated renown as a miracle-worker can be overcome, may accomplish much in the prevention of syphilis through its rapid removal of all contagious lesions. Unfortunately, mistaken ideas as to the permanence of these effects are so common that the general use of the remedy is likely to result not so much in shortening the contagious period of the disease as in prolonging it through unexpected relapses in oversanguine patients.

Our armamentarium for the treatment of syphilis now contains the three drugs, salvarsan, mercury and the iodides.

Salvarsan, recently introduced to the profession by Ehrlich, is an organic compound of arsenic, comparatively non-toxic in therapeutic doses, but readily oxidized by the air either in powder or in solution to highly poisonous compounds. It is therefore not dispensed in bulk, but only in single doses in glass tubes, the air content of which has been replaced by an inert gas before sealing. Two forms of the

preparation are on the market: the old salvarsan, which is an acid salt, and neosalvarsan, which is a neutral organic ester of the same compound. Neosalvarsan is more readily soluble and more easily prepared for administration than salvarsan; therapeutically the two are identical except that the dose of neosalvarsan is fifty per cent. greater. They may be administered either intravenously, intramuscularly or by rectum.

In the intravenous method 6 decigrams of salvarsan or 9 decigrams of neosalvarsan is dissolved in about 150 c.c. of sterile, filtered .6 per cent. salt solution or distilled water, hot in the case of salvarsan, but only slightly warm in the case of neosalvarsan, solutions of which are rapidly decomposed at temperatures above 70 F. To the salvarsan solution must be added 1.5 c.c. of a 15 per cent. solution of sodium hydroxide, or sufficient completely to redissolve the precipitate which first forms. Neosalvarsan may be injected immediately upon solution. Both solutions should be prepared individually for each patient treated and injected with as little delay as possible.

Besides the graduate in which the solution is made, we require for the injection a funnel or percolator of 150 c.c. capacity, a few feet of soft rubber tubing with a pinch-cock and a needle of rather coarse caliber (Nos. 16-18). The percolator may be held by an assistant two or three feet above the recumbent patient, but I prefer to use a burette stand and clamp for the purpose. The apparatus must of course be sterilized by steam or by boiling in plain water before use. A little more than enough saline solution to expel the air from the attached tube and needle is poured into the percolator, and the pinch-cock closed. The salvarsan solution is prepared in the graduate. The skin overlying one of the veins at the bend of the elbow having been painted with tincture of iodine, and the vein made prominent and tense by a bandage or tourniquet on the upper arm, the needle is thrust through the skin, preferably to one side of the vein, and by a second motion made to engage and penetrate the wall of the vein. If the vein has been successfully entered, the saline will begin to flow freely upon loosening the tourniquet and opening the pinch-cock; otherwise the flow is sluggish and there is rapid tumefaction of the tissues at the point of puncture, and another attempt must be made. In a small proportion of

patients, usually women, the position of the veins is so masked by the subcutaneous fat, or they are so feebly distended with blood, that all attempts to enter them in this way fail, and it becomes necessary to incise the skin and isolate the vein before the needle or canula can be introduced. When the saline is seen to be flowing freely from the percolator, the tubing is pinched and a proper proportion of the salvarsan solution poured in, the flow being checked until all air bubbles have disappeared: and just as the last of the solution is passing from the percolator the flow is again checked, and enough saline poured in to carry into the vein the fluid remaining in the tube. The needle is then withdrawn while pressure is made at the point of puncture with a small pad of gauze, over which a few turns of bandage are firmly applied.

In the first of a series of injections the patient should remain in bed for 24 hours. After the subsequent injections ordinarily vigorous patients may be sent home with instructions to rest quietly until the following day. Their diet should conform to the character and severity of the reaction.

Neosalvarsan and salvarsan may also be injected intramuscularly. In the case of the former a 5 per cent. solution in distilled water is used; in the case of the latter an oily suspension in albolene or iodipin is preferable. The carefully neutralized aqueous suspension of Wechselmann is now rarely employed. The technique of these injections very much resembles that of the intramuscular mercurial injections, except that the larger volume used makes it often necessary to divide the dose between the two buttocks.

The usual dosage is 4 to 5 decigrams of salvarsan and 6 to 7.5 decigrams of neosalvarsan. This dosage must be materially lower for frail women and for children, and also under conditions in the disease which will be considered later. The intravenous injections may be repeated in ten days or two weeks or even oftener if necessary; a greater interval must usually be observed in the case of the intramuscular injections, both because of the pain and induration they cause and the slowness and uncertainty of the absorption and excretion of the drug.

Salvarsan and neosalvarsan, however administered, are often followed within 6 or 8 hours by certain symptoms which are known as the reaction. Certain of these, namely the nausea, vomiting, abdominal

pain and diarrhoea, I consider purely arsenical and referable either to a large dose or to unusual susceptibility on the part of the patient. The other symptoms—the chill, fever, headache and general malaise—seem to me to be more in the nature of an anaphylactic reaction, and due to the destruction of a large number of spirochaete. At any rate I have found these symptoms to correspond rather to the floridity of the syphilis than to any other attendant circumstances.

Although the early hope of eradicating the infection at one stroke has not been fulfilled, salvarsan has unquestionably proved itself the most rapidly effective remedy we have. The curative effect of a single full dose of this drug is approximately equivalent to two intramuscular injections of calomel or six of the salicylate, or to a course of thirty inunctions. It removes the lesions, especially the initial lesion and mucous patches, much more promptly than mercury, and is often curative in cases resistant to mercury. The spirochaete disappear from the lesions within a few hours, and in a fairly large proportion of the cases a previously positive Wassermann reaction becomes temporarily negative. These excellent results are unfortunately in the large majority of the cases only transient, the clinical relapses occurring usually in from six weeks to three months, and being preceded by a return of the positive serum reaction. For this reason no one at present depends upon a single dose of salvarsan, but gives at least two and reinforces their effect with vigorous mercurial treatment.

Salvarsan is not free from danger. It is in the first place an unstable arsenic compound which in ordinary doses contains many times the lethal quantity of arsenic. In spite of warnings by Professor Ehrlich, the manufacturers, and those expert in its use, the drug is not always prepared and administered with the precautions known to be essential to safety. Unquestionably some of the fatalities and alarming symptoms have been due to such carelessness. Others have been due to some idiosyncrasy on the part of patients. But it has certainly been established that in patients in whom the spirochaete have early become localized in the central nervous system, serious and destructive lesions may be precipitated by a single unguarded dose of salvarsan. Finger¹ and some others consider this danger so grave that they would limit the use of salvarsan to the

early, negative Wassermann phase of the disease, and to the treatment of tertiary lesions in which rapid results are essential. Most of us, however, regard this as an exaggeration of a danger, real enough, to be sure, but practically always preventable.

In intravenous injections there is some danger, particularly in inexperienced hands, of such accidents as embolism, sepsis and phlebitis. Intramuscular injections, on the other hand, are often so painful as to be disabling, and not infrequently result in abscess or necrosis.² For this reason and because of its lack of compensating advantages, I now employ the intramuscular route only when the intravenous is contraindicated or impossible.

The contraindications to salvarsan are cachexia, parenchymatous nephritis, active or uncompensated cardiac disease and advanced arteriosclerosis. In these latter conditions of the circulatory system intramuscular injections may sometimes be employed with safety. Caution in dosage is essential when there is suspicion of the involvement of the brain, the spinal cord, the meninges or the cranial nerves.

In spite of the tremendous vogue of salvarsan, mercury still remains a very important factor in the treatment of syphilis. Though less rapid in its action, it seems to be more searching and thorough in its effects, and not so quickly followed by relapses. It is by no means a matter of indifference, however, what method is chosen for its administration, for both clinical experience and serological tests seem to demonstrate not only that much of the mercurial medication in the past has been woefully inadequate, but also that under the protracted use of mercury there is evolved a strain of spirochaete highly resistant to the drug. In fact a careful consideration of the subject leads to two conclusions: the first, that inunctions and injections are practically the only effectual methods of administering mercury; the second, that a permanent cure is more likely to be accomplished by short periods of vigorous treatment than by protracted periods of mild mercurialization. This does not mean that we may not occasionally under stress of circumstances administer mercury by mouth; but it should always be done with a distinct understanding on the part of both physician and patient that it is a temporary expedient and not the method of choice.

The technique of these two methods will not be elaborated in this paper; that of in-

unctions is too familiar to require it, and the subject of intramuscular injections has been fully treated in a paper which the writer presented to this society a few years ago.³

The iodides I consider valuable in syphilis mainly as carriers and mobilizers of mercury. That they alone sometimes exert a wonderfully favorable effect upon the disease it would be futile to deny; it may well be that they have, either in themselves or through their activation of the thyroid gland, some antispirochaetic power. Their maximal curative effect, however, is seen when they are given in conjunction with mercury.

The ideal end of the treatment of syphilis is to accomplish a permanent freedom from syphilitic and parasyphilitic symptoms, including the Wassermann reaction. The character and amount of treatment necessary to attain this end is uncertain, both because it is still doubtful how much treatment is necessary in the average case, and because it is difficult or impossible to individualize our cases. We do know that, roughly speaking, the later the stage of the disease in which treatment is begun, the greater the amount of treatment required; and we also know for each stage in the average case about how much treatment will produce a serum reaction permanently negative within the limits of our present experience. It is of course possible to draw some conclusions as to the severity of a case by noting the comparative effect upon the serum reaction of a certain course of treatment, and this is a perfectly proper procedure at the outset in some cases. But the frequent interruption of treatment for the purpose of studying the fluctuations of that reaction, though justifiable in research institutions to establish some definite proposition, is decidedly not to the best interests of our patients. The diagnosis once made and, when possible, the severity of the attack determined, there is no further occasion for making the Wassermann test until the completion of a course of treatment believed to be sufficient for a cure. Then repeated tests should be made every two or three months in the first year, and once or twice a year thereafter for an indeterminate period, unless, of course, a recurrence of the positive phase indicates the necessity for further treatment.

It is in the very earliest stage of syphilis, that is immediately after the discovery of spirochaete in the chancre and before the

development of the Wassermann reaction, that there is still hope of accomplishing the "sterilizans magna" of Ehrlich. The excision of the chancre at this time is usually futile, as the dissemination of the spirochaete has probably already occurred. But two or three doses of salvarsan, together with two to four six-week courses of mercury seem to hold out a fair prospect of a permanent cure. I believe it makes little difference in the efficacy of the treatment whether all the salvarsan injections are given before, or simultaneously with the mercury, or whether the two drugs are given alternately, provided one full dose of salvarsan is given at the outset.

When the serum reaction is positive at the beginning of treatment, we may roughly estimate the severity of the infection by observing the effect upon the reaction of a certain amount of treatment. Such observations should naturally be made at a uniform interval after precisely similar courses of treatment. From this information and by following the general rule, that the later treatment is begun, the more vigorous and persistent it should be, we may estimate approximately the amount of treatment required in each case. But in the treatment of late primary and early secondary cases we must never forget the possible existence of latent foci of spirochaete in the meninges or the cerebro-spinal axis itself, and that salvarsan sometimes stirs these to activity. All cases presenting cerebral symptoms of any kind should therefore be treated with the utmost caution, beginning with not more than 3 or 4 decigrams of salvarsan and keeping the patients mildly mercurialized for at least three months. After two or three of these small doses of salvarsan it is usually safe to resume full dosage for the remainder of the course. These patients should always be warned of the danger in discontinuing treatment after a single dose of salvarsan.

It is a very good plan to give small doses of the iodides for two or three weeks after each of the later courses of mercury, even comparatively early in the disease. This not only intensifies the effect of the recent doses of mercury, but tends to bring into the circulation any dormant deposits of the metal there may be in the muscles or liver, and to promote their final excretion. We must remember, too, that the advent of salvarsan has not impaired the usefulness of

the iodides in the treatment of the later neoplastic lesions of the disease.

The management of the late stages of syphilis is complicated by the fact the many patients are the subjects of relapses after more or less adequate early treatment. Each of these cases presents a problem in itself. We must consider the character of the original infection, the method employed in early treatment, its duration and result, the nature of the present lesion, the serum reaction and its modification by treatment, and shape our course accordingly. These cases, though quite tractable as far as the clinical symptoms are concerned, are very likely to prove obstinate serologically; and some of the most difficult therapeutic problems are to be found in cases presenting no clinical symptoms, but a positive serum reaction. Vigorous treatment of these individuals with salvarsan, mercury and the iodides may result in a negative reaction; but it sooner or later swings back again to the positive phase. Some of these cases are probably incurable by any means now at our disposal. Most of them soon weary of continuing an expensive treatment for no obvious disorder, and drift away, only to return later with tabes or paresis. Probably the safest method to pursue with those who will follow our advice, is to find by experiment the kind of treatment which will give the longest interval of negative Wassermann, and to repeat that indefinitely at each recurrence of the positive reaction.

In the treatment of syphilis of the nervous system we must proceed cautiously lest the temporary aggravation of the lesions by salvarsan result in serious and permanent injury of the structures involved. Most instances of harm done under these conditions may be attributed to the administration of a single full dose of salvarsan, and further treatment either by mercury or salvarsan has relieved or palliated the evil results. The safest rule of procedure in all cases of nerve syphilis is either to guard the first dose of salvarsan with an initial course of mercury, or when haste is indicated, to give the two remedies simultaneously. Salvarsan should not be given to these patients in doses of more than 3 or 4 decigrams, which may be repeated at intervals of ten days or two weeks. The duration of treatment must be determined individually for each case.

In well developed tabes and paresis little, if anything, is to be hoped for from any form of antisyphilitic treatment. But the

diagnosis between these two diseases and cerebrospinal syphilis is at times so difficult that it is well to give early cases at least, the benefit of the doubt, administering a course of combined treatment such as that just described. The cases likely to be benefitted are those showing a positive Wassermann reaction and a lymphocytosis of the cerebrospinal fluid.⁴ Some of these cases are made distinctly worse by salvarsan.

In the treatment of hereditary syphilis we have to bear constantly in mind the great susceptibility of the infantile digestive tract to both arsenic and mercury, and to modify our dosage accordingly. The dosage of salvarsan and neosalvarsan in infancy may be taken as 10 and 15 milligrams per kilogram of body weight.⁵ It is not easy to give salvarsan to infants; their veins are delicate and deep-seated, and their muscles are so undeveloped as to make the intramuscular method a questionable procedure. One of the following methods, however, may usually be successfully employed: in the case of sucklings administer the salvarsan to the mothers; or, expose a vein by incision and give the drug intravenously; or give it by rectum in a 5 per cent. solution as advocated by Weill and others.⁶ Mercury may be used in the form of the officinal ointment of ammoniated mercury either by inunction or spread upon the binder and applied alternately to the abdomen and the lumbar region. The adequate treatment of these cases will usually cover at least a year, both because of the virulence and extent of most inherited infections, and the mild character of the treatment we may employ. Individualization is just as important in the hereditary as in the acquired form of the disease. Cases of late hereditary syphilis require much the same sort of management as do adults in the tertiary stage.

Permit me in conclusion to emphasize the following points:

The treatment of a case of syphilis should begin immediately upon the demonstration of spirochaete pallidae in the chancre.

By the use of salvarsan it is possible to limit the contagious stage of the disease to a period of one or two weeks.

A single dose of salvarsan practically never effects a permanent cure of the disease, and may be followed by serious results.

Most of the more familiar methods of

using mercury are inadequate. Injections and inunctions are the methods of choice.

Any plan of treatment is purely tentative and must be held subject to revision as experience increases.

It is not yet possible to say how long the Wassermann reaction must remain negative before a patient may be pronounced cured.

¹ Finger, Wien. klin. Wschrft., XXVI, p. 561.

² Hazen, J. A. M. A., LX, p. 1618.

³ Pulsford, J. Med. Soc. N. J., 1909.

⁴ Fordyce, J. A. M. A., LIX, p. 1231.

⁵ La Fetra, Archiv. of Pediat., N. Y., XXIV., p. 9.

⁶ Weill, Bull. d. l. Soc. Pediat., Paris, XIV, p. 325.

DISCUSSION.

DR. EMANUEL D. NEWMAN, Newark: I think we all can agree that Dr. Pulsford has given us a thorough and comprehensive exposition of the present status of the treatment of syphilis. If I may be permitted to emphasize a few of the many excellent points presented, it might aid in the proper appreciation of his paper.

The question of reporting venereal disease is just now attracting some attention. The boards of health of New York City and of Newark, N. J., are giving some consideration to this question. At a meeting of that representative body, the Academy of Medicine of New York City, held May 1, 1913, resolutions were adopted as follows: Opposing the establishment of a clinic for the treatment of venereal diseases by the Board of Health, unless it is conclusively proven that the existing clinics and hospitals cannot be made adequate for the needs of the city; opposing the reporting of all cases of gonorrhoea and communicable syphilis under regulations as will insure privacy; urges action on the part of general hospitals leading to the admission of persons in the active stage of venereal disease; approves the facilities for the diagnosis of venereal diseases gratuitously, which the Board of Health affords through its laboratories only for those who are unable to pay for the same. Dr. Wm. S. Gottheil (Journal of Cutaneous Diseases, March, 1913), believes that there should be no compulsory notification to the Board of Health, as the knowledge obtained by the physician is as confidential as an admission made to a priest; that venereal infection may be the ground of a damage or a divorce case, and the physician should not be compelled by law to put himself on record for a diagnosis which after all is an opinion, and may be a mistaken one; even if the law at present holds that these records are private, new laws or new interpretations may remove the veil of secrecy. That quacks will defy the law, and that the losers will be the sufferers themselves. As to the question of serum examinations for both rich and poor and the establishing of clinics by the Board of Health, he holds that the functions of the Board of Health are preventive and not therapeutic, for the reason that prophylaxis on a large scale is a communal affair and that a mu-

nicipality has no more right to supply free medical care to those able to pay for it than it has to tender free legal services to every suitor, or free coal to every householder, and that it is a serious invasion of the ever-narrowing field of private practice. His conclusions are in opposition, because it is an unwarranted restriction of personal liberty, an official infringement of professional relations of the most confidential nature, a possible source of law suits and blackmail, an economic injury of the severest kind to the long suffering medical profession, as well as tending directly to promote deceit, quackery and self-medication by nostrums, to the injury of the patient.

It is not necessary to add to that which Dr. Pulsford has given as to treatment, nor will time permit, but with our present knowledge, the length of treatment and the cure of the disease must be based upon our Wassermann findings, and here a word of caution: this test, or one of its accepted modifications, is a most delicate and complicated one, and should only be undertaken by an experienced serologist and even then allowance must be made for the personal equation; the appreciation of the reports of the Wassermann reaction made by different serologists is difficult, because of the different methods of notating the results + 1 of one serologist is equal to +++++ of another, and to avoid the present confusion, a standard should be adopted.

A negative reaction does not always mean absence of syphilis in its active stage. The Wassermann is, it is true, one of the most persistent symptoms, and it is possible that this symptom may like other symptoms of syphilis remain latent for years, and therefore it is the part of wisdom to keep these patients under continued observation. At the present time we can feel that a cure has been established, if the patient goes over a period of 18 months, with a number of Wassermanns and all findings negative, no clinical symptoms, and has not taken any medication during said period; it would seem that during a period of 18 months the spirochete would give some evidence, either clinically or serologically of their activity, as almost all cases treated with salvarsan show relapses when such occur within six months of the cessation of treatment.

Any drug with positive active power for good, necessarily is a source of danger in an overdose or in any individual particularly susceptible. In some cases salvarsan has caused untoward symptoms referable to involvement of the cranial nerves, and if these symptoms are due to the toxic effects of salvarsan, or whether a phenomenon of the disease itself, is a question for continued and careful observation. During the past few years much closer study, and far better observation have been given to syphilis, and it is possible that the increase of symptoms as noted is only an apparent one.

The serious results of the infection of syphilis are so patent that any or all remedies suggested are deserving of consideration at our hands. Salvarsan certainly has given us a stimulus to increased study of syphilis, and it is more than possible that salvarsan or neo-salvarsan may be replaced by a new and better drug.

In the so-called para-syphilitic diseases—paresis and tabes, the Wassermann is positive

and other tests show globulin and increased cell counts, but no discovery of spirochetes until a few months ago when Noguchi announced the finding of the spirochetes in these diseases, and the possibilities are that in a short time these diseases will be removed from the category of para-syphilis and placed as among the active manifestations of syphilis.

Dr. Homer F. Swift, of the Rockefeller Institute for Medical Research, in a letter to me dated May 12, 1913, writes: "I cannot give you the percentage of spirochete findings in general paresis. However, there is practically 100 per cent. of positive Wassermann findings in the spinal fluid of patients with general paresis. I think there is no doubt now that this condition is one of active syphilis of the brain. It would be unfair to give figures concerning the actual findings of spirochete to support the contention that syphilis is not the etiological factor in all cases of paresis. You can readily understand that to give negative results the entire brain would have to be sectioned and examined, and this is an enormous task which has not been carried out up to the present time.

In conclusion, I would desire to emphasize the necessity of the establishment of hospitals (American Journal of Dermatology, Feb., 1911, Article by Author), or that the present hospitals make arrangements where sufferers from syphilis should receive careful and humane treatment, and where they would not be repelled by harshness; as we know, the most of general hospitals hold up their hands in holy horror at the name of syphilis, and they bar from their doors all acute and curable cases, but with smiling faces and outstretched arms, they welcome the lesion of the brain, probably beyond the stage of repair, rare lesions of the cord, incurable, but it will be an instructive post-mortem, and so with lesions of the eye, the ear, the nose and other organs. This can be corrected, and our mission as members of the medical profession is, to direct and instruct the public, especially those in charge of institutions on all matters relating to hygiene, sanitation and prevention of contagion, and the public should be informed that contact with the opposite sex is not necessary to cause syphilis to be engrafted upon one's system; that this disease is curable and not always a badge of immorality.

DR. H. J. F. WALLHAUSER, Newark: I want to add a word of caution regarding the doses of salvarsan at present advised.

There are nearly 200 deaths recorded following the use of this remedy, a majority being due no doubt to the large doses given. We should remember that the original claim of "Sterilisans Magna," or possible cure by one large dose has failed. Is it not therefore time that we apply the same precautions as in the case of other dangerous remedies, by giving small repeated doses at varying intervals, depending on the progress of the case.

DR. WILLIAM J. CHANDLER, South Orange: I want to add a word in reference to the importance of a proper diagnosis. Five or six years ago in the wards of St. Barnabas Hospital, Newark, the house physician called my attention to a case which had come in for operation for epithelioma of the lower lip.

She had been twice operated on by other surgeons for this same difficulty and the oral orifice was very much contracted and deformed and in the center of what had been the lower lip was a large ulcerating and crusted surface. On removal of a crust the surface underneath did not show those indentations commonly found in epithelioma. There was no history of syphilis, but the appearance of the ulceration was suggestive and I decided to place her for a time on specific treatment. After a week there was decided improvement in the ulcer, and after a week more the improvement was so great that I discharged her from the ward and had her kept under observation as an outpatient. She continued treatment for six months, at which time the ulcer was entirely healed, the hardened tissues softened, and it was decided to do a plastic operation to enlarge the oral orifice and correct the deformity. This was done and the result was perfectly satisfactory. She continued treatment and was under close observation for two years. There has been no reappearance to date. This illustrates the importance of a correct diagnosis and shows how closely a syphilitic ulceration may resemble and be mistaken for an epithelioma.

Omission in August Journal.

In the report of the Morristown Medical Club, page 133, a part of the abstract of Dr. E. J. Ill's paper on "Injuries of Childbirth. Their Prevention and Treatment," was by mistake omitted. We give the concluding part as follows.

Where lacerations took place, the pelvic fascia, he said always tears before the mucous membrane, and because of this in a low labor where traction was used the blade should be removed early and often and then reapplied. A drop of blood was the first sign of injury to the soft parts and often pressure from above through the abdominal wall would aid in bringing the spinal axis of the child in line with the pelvic orifice. It must not be forgotten, either, the doctor said, that the shoulders may do injury when the head had passed without harmful results, but the use of high forceps was the most likely means of injury to the soft tissues. Other injuries referred to were those of the bladder which might be direct or follow sloughing after injury elsewhere and fractures of the pelvis. The latter could be avoided by Caesarian section and adhesive plaster was recommended as a more suitable means of closing the abdominal wound than sutures. Where there was injury to the bladder a retention catheter should be used for two reasons, the vessel closes better if empty and voluntary urination is rare and may result in straining of the parts. Rupture of the triangular ligament should be promptly repaired to give support to the urethra, as if not corrected there is danger of atrophy and rectocele. Injuries in the doctor's opinion should not be repaired sooner than twenty-four hours after labor and should be repaired before seventy-two hours have passed. Leaving them twenty-four hours lets any marked oedema subside so that better observation of the extent of the injury is possible. Any injury to the vagina vault requires catgut sutures. All injuries extending to the

rectum should be repaired from the depths upward.

The discussion evoked was general, as most of those present had treated injuries of various kinds occurring during childbirth. After Dr. Ill replied, a rising vote of thanks was given him for his most interesting address.

Clinical Reports.

Syphilitic Otitis Media.

Dr. Luders, in the Kentucky Medical Journal reports five cases of a primary syphilitic process in the tympanum or labyrinth wall. Severe deafness and signs of acute otitis media were not relieved by paracentesis, and a history of syphilis, two, five and six years before, cleared up the diagnosis. All the patients stated that the hearing had gradually declined as the signs of otitis developed. One patient had also nausea and vertigo, one facial paralysis on the affected side and in one the meatus was much swollen. One patient had fever, vertigo, vomiting and nystagmus and two of the others had also nystagmus toward the sound side. One patient was an infant with inherited syphilis. Under combined anti-syphilis treatment the disturbances subsided, but the hearing on that side was permanently lost in the cases which went on to suppuration. In six other cases of non-specific acute otitis media in syphilitics the process healed promptly under the usual measures without impairment of hearing.

Toxic Action of Salvarsan.

Dr. K. Brandenburg, in Medizinische Klinik reports the case of a robust man of 38 who had had no symptoms of syphilis after thorough treatment ending four years before; his wife and children were healthy, and the Wassermann test was negative. But on general principles he thought he had better have a prophylactic injection of salvarsan, and an intravenous injection of 0.5 gm. was given him by a skilled and experienced Berlin specialist. Nausea, vomiting and diarrhea followed the injection at once and the patient died the fourth day in convulsions. In a second case an intravenous injection of 0.1 and 0.2 gm. in the course of a few days was followed by paralysis of both arms. The patient was an anemic man of 33. The reaction of degeneration was pronounced, but conditions gradually improved in the course of six months, although the arms were still weak. There was no suspicion of syphilis in this case and the salvarsan was given merely as a means of administering arsenic in convenient form to influence the pallor, physical depression and tendency to dizziness which had persisted after an operation for chronic appendicitis. No cause for the anemia was discovered.

Venereal Papillomata.

Dr. Wroughton, in the Journal of the Royal Army Medical Corps, reports a case in which the whole of the mucous membrane of the foreskin was covered with papillomata so closely packed that they fitted into one another like a mosaic; they overflowed onto the skin of the penis and also onto the glands. Below the corona glandis, extending downwards three-

quarters of an inch, was a thick collar of sessile warty growth which exuded the most offensive secretion. The papillomata varied in size from that of a large pea to that of the millet seed, and projected from the surface of the organ three-quarters of an inch. The end of the penis resembled in appearance and size a small cauliflower. At first, local treatment by means of astringents and antiseptics was tried, but so little headway was made that it was decided to use the x-rays; the first exposure was for eight minutes, and the second, five days later, for ten minutes. The third exposure, again five days after the previous one, was for eighteen minutes, and after this the patient was given an exposure of fifteen minutes every four days until he had had seven; after a week's interval, the eighth and last exposure, also of fifteen minutes' duration, was given. The following changes were noticed after the third exposure: The offensive secretion had quite ceased, and some of the large warts were getting hard and dry. After the fourth, most of the growths began to shrivel. After the fifth, several growths fell off, leaving quite a healthy surface beneath, and the sessile growth was shrivelling. After the sixth, half the growths had disappeared. After the seventh, there were only three small papillomata left, at the fraenum. After the eighth, and last, these three remaining growths dropped off, leaving the organ absolutely free and with not even a trace of papillomata.

Congenital Membrane of the Larynx.

Dr. G. W. Badgerow, in the Proceeding of the Royal Society of Medicine, reports the case of a boy, aged 6, who was sent to the author complaining of weakness of voice. On examination of the larynx a membrane was seen situated at the anterior commissure stretching between the cords, an opening only left in the posterior part of the glottis. There did not seem to be any interference with respiration.

Congenital Atresia of the Bile Duct.

Dr. Ferruccio Venzetti, in *Archivio per le Scienze Mediche*, reports a careful anatomical and histological study of a case of this condition which he discovered in the dissecting room. The case was that of a baby four months old which had been born markedly jaundiced, and had remained so until death. The study of this case showed that congenital atresia of the biliary passages is followed by cirrhotic changes in the liver.

Lymphangioma Resembling Hernia of the Lungs.

Dr. C. L. Fitzwilliams, in the Proceedings of the Royal Society of Medicine, reports the case of a boy aged six years, whose mother had noticed that something was wrong with the right side of his neck when he cried. She states that she noticed this vaguely when she was washing the child, and she recalled it as far back as twelve months ago, but she took little notice of it until it began to get larger during the last three months. In November the child got whooping cough and this lasted until the end of December. During this time his mother noticed that the lump in his neck got very large during the spasms of coughing.

On examination, there is a fullness of the root of the neck above the right clavicle and behind the sternomastoid muscle. It is all defined and quite soft, and small nodules can be felt in it. It seems to disappear under the fingers toward the region of the subclavian artery. On coughing or straining the root of the neck fills up and bulges in a prominent manner, and on palpation the tumor again subsides. Percussion is unsatisfactory as there is so little resistance, and though breathing sounds are heard they are probably transmitted. The condition at first sight is extremely like a hernia of the apex of the right lung, but there is no indrawing on deep inspiration, nor can any ring be felt in the deep part of the neck.

Severe Pain After Recovery from Typhoid Fever and Pneumonia.

Dr. Ogilvy describes an interesting case: A man of fifty-six had typhoid fever complicated by double pneumonia. A few weeks after being discharged from the hospital, he began to complain of stiffness in the back. The pain grew more severe with acute exacerbations which made it necessary to administer morphine. Finally, any motion, even the raising of an arm from the bed, would cause a painful spasm. Massage and active and passive motion were advised but resulted in accentuation of the symptoms. Steam-baths were given but resulted only in depressing and weakening the patient. Cautery was used with slight, temporary relief. Adhesive-plaster strapping was followed with better results. Finally, after more than four months of constant suffering, which had made him extremely nervous, a plaster-of-Paris bed was applied, including also thighs, neck and shoulders, and retained in place by a plaster-of-Paris bandage below and a muslin bandage above the thorax. Thereafter, there was none of the severe attacks of pain previously noted, and the patient gradually recovered.

Vaccine in Post-Operative Pneumonia.

Reported by Dr. E. S. Allen, Louisville, in the *Kentucky Medical Journal*.

On November 1st, I operated on a young man at one of the local hospitals. He was brought in from the country at 2:30 a. m., with acute appendicitis. His clinical symptoms pointed to an immediate operation. The operation revealed a ruptured unprotected appendix. Drainage was resorted to. The first 24 hours following the operation showed a changed clinical picture. He looked as if he was going to get well without further trouble. I was called out of the city at the end of the first 24 hours and upon my return the following day, I found the young man with a temperature of 102.6, respiration 52, and pulse 150; anxious expression, dry tongue and parched lips. Physical examination revealed tubular breathing over the entire lower left lobe, with a constant hacking cough and a grunt with each inspiration. I had a general practitioner to see him in consultation and he diagnosed the condition as pneumonia.

I suggested the mixed Shafer vaccine, thinking probably that we had a septic thrombus from the appendiceal region. Ten c.c. of vaccine was given at one dose, and 10 minims of

digitalen hypodermatically every four hours until the pulse was under 120. Three hours after giving the vaccine the pulse was 140; temperature 102; respiration 46. Six hours after vaccine temperature 101; respiration 36; pulse 110. The following morning, 14 hours after vaccine, temperature 99.6; pulse 96; respiration 28. The following day, or about 40 hours after vaccine, temperature 99; respiration 24; pulse 90.

The boy was very much more comfortable seven hours after vaccine, and the following day presented a different clinical picture from the day before. I believe that his marked improvement was due to the vaccine.

Pneumonia as a Complication.

Dr. M. Girsdansky reported these cases in the N. Y. Medical Journal last year:

Measles, convulsions and pneumonia. Patient, Harry A., ten months old. Five or six days prior to my first visit, the rooms were fumigated by the officers of the health department after an older child's recovery from measles. On Tuesday, September 3, 1911, this child felt ill. On that day a physician diagnosed the case as one of morbilli. In the evening of that day, the child had a convulsive seizure. After this, convulsions occurred from every half to every one hour during the night and the whole of the following day. I saw this child on September 6th about 11 p. m. His face and body were covered profusely with characteristic exanthem, and the whole aspect of the child was characteristic of measles. On examining the child, no meningeal symptoms could be discovered. The child was breast fed, and no marked signs of rickets could be found. On going over the chest, dullness, rough breathing, and crepitant rales were found over the lower half of the left chest posteriorly and laterally. Ice was ordered to the patient's head, and sponge baths. The child was ordered to be put into a mustard bath during the convulsions, and three grains of bromides to be given every two hours; minute doses of aconitine and moderate doses of the infusion of digitalis to be given at frequent intervals. The child did not seem to improve and the convulsions recurred. The doses of the drugs were doubled. The convulsions recurred no more, and during the following seventy-two hours the child's condition greatly improved until complete recovery.

Baby R., two years old. I saw this case in my office on August 15, 1911. The child was hoarse and coughed croupily for two days prior, and was treated for pseudocroup with calomel and fresh air. There was stridulous breathing, marked receding of the parts above the suprasternal notch and under the xiphoid cartilage on inspiration, croupy cough and occasional rough croupy inspiration. The diagnosis was diphtheritic croup, which diagnosis was later sustained by the bacteriological findings of the health department which continued positive for about three weeks. The child was ordered to bed and antitoxine was advised, which was administered by the medical officers of the health department. I prescribed an emetic, followed by an ammonium carbonate mixture, small doses of apomorphine and pilocarpine to be given at regular frequent intervals. The child was not getting worse, but on the 16th, in the evening, the temperature went up to 104 de-

grees F. The respiratory difficulty did not get worse, although the respirations became more rapid. An inspection of the throat gave negative results, but the left apex, both anteriorly and posteriorly, revealed on percussion an area of dullness where many fine, moist rales were heard. The child was put on minute doses of aconitine (crystals) and full doses of digitalis, which were given at frequent intervals. As it was held that the pulmonary inflammation was not due to an extension of the diphtheritic process, but was rather of independent origin, and probably due to exposure during the few days of fresh air treatment, further antitoxine administration was not urged which brought down some well meant criticism. However, under the instituted treatment, the child made an uneventful recovery from the pneumonic condition.

Hypertrophic Pyloric Stenosis in an Infant.

Reported by Drs. Fredet and Tixier, of Paris, in *Annales de Medecine et Chirurgie Infantiles*.

An infant aged thirteen days was operated on for pyloric stenosis, the diagnosis having been made by the continued vomiting of any food since the ninth day, the explosive character of the vomiting, the absence of bile from the vomitus and the absence of any signs of enteritis or fever. A tumor was not felt. At operation the typical pyloric tumor was found and a gastro-enterostomy was performed. However, instead of ceasing, the vomiting continued and was now characterized by the presence of bile in the vomited matter. The diagnosis of a vicious circle was made and the baby was again explored. The stomach and the proximal loop of the anastomosed gut were found enormously distended, the istal portion being empty and contracted. An anastomosis between these two portions of the jejunal loop was performed. The vomiting at once stopped and the baby went on to a complete recovery.

Abstracts from Medical Journals.

Clinical Diagnosis of Latent Hereditary Syphilis

Dr. A. Goldreich, in *Zeitschrift für Kinderheilkunde*, calls attention to the importance of this subject, inasmuch as in one-third of all cases of latent inherited syphilis the Wassermann reaction is negative. The most distinctive sign is enlargement of the cubital lymph nodes. These were palpable in 104 out of 130 of the author's cases of latent syphilis. In non-luetic infants these were palpable in from 15 to 17 per cent. of the cases.

Mercury and Salvarsan in Syphilis.

Dr. Abner Post, of Boston, concludes a paper in "Proper Places of Mercury and Salvarsan in Treatment of Syphilis," in the *Medical Record*, as follows:

We must, then, retain mercury because its usefulness is not diminished in the least by salvarsan; because it can be used when the use of salvarsan is difficult and when it is contra-indicated. It may do harm if pushed beyond its therapeutic dose, but properly used it relieves and I believe that in some cases it cures; but it always leaves the future uncertain.

We must thankfully accept salvarsan, for it seems to abort the disease at its earliest appearance, especially with the help of mercury. It banishes the symptoms in many cases in which mercury fails. Unfortunate sequels are so few in comparison with fortunate results that they should stimulate closer study to interpret and diminish them. If the promise of the past year is fulfilled, we are nearer the cure of syphilis than we have ever been before. Especially must we be thankful for the impetus given to the study of syphilis. We may confidently look forward to a time when our present methods will seem crude—to a time when we shall be able to gauge the effect of our remedies more accurately, and when salvarsan shall be replaced by an even better drug.

Administration of Salvarsan in Syphilis.

Dr. J. A. Fordyce, of New York, in a paper on the above subject, in the Medical Record, gives the following conclusions:

The efficiency of salvarsan bears a direct relation to the age of the infection.

In the early stage three or four doses supplemented by mercury will in many cases cure the disease in from six months to a year.

The florid stage requires more intensive treatment; five or six doses followed by several mercurial courses are necessary.

In some forms of syphilis of the nervous system the effects of salvarsan are more satisfactory than mercury and potassium iodid.

In malignant syphilis, when mercury has been given over a long period continuously without changing the clinical manifestations or the blood reaction, not infrequently all of the manifestations disappear after one or two doses of the drug. These patients probably develop more or less immunity to mercury, or their strains of spirochetes are more amenable to arsenic treatment.

A reaction uninfluenced by a long course of mercury may be changed by one or two injections of salvarsan. In other words, a combination of salvarsan and mercury is more efficient in changing the blood reaction than either alone. In the primary stage it is possible permanently to reverse the blood reaction with salvarsan, but, as the disease grows older, the probabilities of changing it with only a few doses grow less. The introduction into the system of such large quantities of the drug as is possible with neosalvarsan may so concentrate the treatment that all or most of the organisms are destroyed, but it has not yet been used long enough to enable us to draw definite conclusions.

Neosalvarsan, Administration of

A simple apparatus for the administration of neosalvarsan is described by the author. Into a 220-c.c. Erlenmeyer flask, upon which one has scratched with a file a 100-c.c. mark, empty the ampoule of neosalvarsan. Add 100 c.c. of freshly distilled cold water; agitate gently until a perfect solution results, then insert a rubber stopper with two small holes, into one of which a piece of glass tubing is inserted, long enough to project above the surface of the solution when the flask is inverted, serving as an air-vent. In the other opening is a short section of glass tubing, projecting externally sufficiently

to attach a piece of rubber tubing three feet long, near the outer end of which is inserted a short section of glass tubing for the detection of air-bubbles. The flask may be held by some one or fastened to a clamp, or an ordinary metal towel rack. Any good needle of sufficient lumen is plunged into the vein, the site of puncture having been sterilized with absolute alcohol, and all air-bubbles having been expelled; while the blood and the solution are both flowing, the needle and tube are coupled. —O. L. Suggett, in N. Y. Med. Jour., May 17, 1913.

Syphilis of the Kidney.

Dr. Welz, in Deutsche med. Woch., recently encountered two cases of kidney trouble, one suggesting a paranephritic process, the other obstinate pyelitis. The patients were young women apparently very sick and with nothing to suggest syphilis except a positive Wassermann. The sediment of the fresh urine contained clumps of leukocytes, but it was constantly sterile and in spite of the high temperature, the leukocyte count was normal. The general health showed periodical ups and downs with gradual aggravation. Treatment as for nephritis led to no improvement in the course of three months, but then measures as for syphilis were followed by prompt and complete recovery.

Serodiagnosis of Congenital Syphilis.

Dr. Von Dungern, in Zeitschrift für Kinderheil-Kunde, says that the Wassermann reaction requires so much time and such a complicated technic that it has never attained its maximum usefulness in general practice. He has devised a modification of it which is in reality a simplification of Noguchi's method. As a hemolytic system he uses: (1) guinea-pig serum as complement in the form of complement paper; (2) as amboceptor, goat serum suspended in human blood; (3) the erythrocytes contained in the blood to be examined. As organic extract he uses 1 per cent. alcoholic extract of a guinea-pig's heart. All these materials as well as the very simple apparatus can be obtained ready made at a very reasonable price. It requires very little blood which is a point to be considered in examining children. It requires much less time than the Wassermann, and the physician has only to observe the end results. The question is whether it is as reliable as the Wassermann. Samelson reports thirty-six cases examined by both the Wassermann and v. Dungern methods. The results were in accord in all except one case which gave positive Wassermann with negative von Dungern. The clinical course of the disease made it probable that the negative report was correct. Samelson believes the method is thoroughly reliable.

Anaphalactic Symptoms After Salvarsan Injections.

Dr. H. Noguchi, New York, says: After repeated injections of salvarsan, certain patients show symptoms of a respiratory and vasomotor nature like those seen in anaphylaxis, and in one of our cases there occurred a toxic erythema. Guinea-pigs which have been sensitized by the injection of a mixture of guinea-pig serum and salvarsan, and have been reinjected, after a suitable time, with the same

mixture, show symptoms like those seen in anaphylactic shock. This acts like a foreign proteid. In patients who show anaphylactic symptoms on repeated injections of salvarsan, a similar reaction probably takes place between the native serum by salvarsan so that the homologous serum phenomenon seems to depend on an alteration of the patient's own serum and salvarsan.

Nervous Manifestations After Salvarsan.

Dr. Carle, in the Lyons Medical, June 29th, comments on the number of cases of "neuro-recurrences" which have been published following the intravenous administration of salvarsan. He reports from his own experience a case of fatal hemiplegia, and discusses the various theories as to the cause of such accidents after salvarsan. His conclusion is that they are due to the breaking out of latent syphilitic foci in the nervous system as the result of the lowered resistance produced by the drug. He believes that where the symptoms point to involvement of the nervous system, such as severe and continuous headache, insomnia, agitation, inability to work, asthenia and vertigo, the medicinal treatment should be confined to mercury; if salvarsan is used it should be given only intramuscularly and with the greatest caution.

Reports from Medical Societies.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The summer has not furnished news of any medical meetings since June. The special meeting of the Essex County Medical Society on April 29th was called to discuss the problem: "Do dairy products, other than milk, demand not only recognition that they are badly contaminated, but also decisive action followed by legislation directed toward reformation?" The basis for discussion was a long preamble and resolution, concluding with the appointment, to be made by the president, of a committee to investigate the whole matter and report back its findings, with recommendations to the county society. The attendance was representative of public health interests throughout the county. The only adverse current of opinion manifested was on the question whether the details suggested would not carry the county society beyond its position as a scientific medical body with only advisory powers into a realm of commercial and political responsibility. Dr. Kitchen has been appointed chairman of the committee.

Neither the Academy of Medicine nor the Pathological Society has held any meetings since May, but the rooms are open to members, who are urged to come in at will and use the library or the laboratory, respectively. Among the "summer meetings" of medical men, usually at the summer resort of one of them, as host, might be mentioned one at Greenwood Lake, August 7th at the cottage of Dr. Wallhauser, a hospitable, not hospital, resort.

The Board of Health of Newark has now in operation the laboratory for the diagnosis of

syphilis. This is accomplished by the co-operation of the Pathological and Bacteriological Department at the City Hospital. If any one has doubted the need for this public work, to say nothing of the value of the diagnosis to patient and his physician, let him observe the number of cases, increasing weekly, which are sent in for this Wassermann reaction. The appropriation asked from the public purse for its maintenance is an absolute need and practitioners would do well to make this clear to members of the Common Council through their own advocacy, in spite of the depleted city finances and the special economy observed just now. The following is the history blank used in each test:

DEPARTMENT OF HEALTH

Serological Laboratory

City Hospital Building, Fairmount Avenue,
Newark, N. J.

HISTORY FORM FOR SYPHILIS.

(No blood specimen will be examined until the data below are properly filled out)

Name
Address
Note—If the physician does not desire to fill out the above, he must sign the following:
I hereby certify that the specimen of blood to be examined is from a patient residing in Newark, N. J.
Signed.....M. D.

Age..... Male—Female; Married—Single—Widowed.

Occupation..... Race..... Nation.....
..... How long in U. S.....

Present Clinical Diagnosis.....
Syphilis—Acquired

Hereditary
Initial Lesion:

Date..... Treatment.....
Present Stage: Primary—Secondary—Tertiary.

Recent Treatment: Yes—No. Kind.....
Date discontinued.....

Examination for Treponema Pallidum: Yes—No.

Date..... Result.....
Previous Wassermann Reactions: Yes—No.

Results Date.....
Has Patient Ingested any Alcohol within 24 hours? Yes—No.

Amount
Is source of infection in this case known.

Yes—No.

In the interest of public health will the physician in this case furnish information regarding the source of infection to a representative of the Board of Health who will call on the physician? Yes—No.

The above information is not for public record, but will be regarded as strictly confidential.

SignedM. D.
Address

Date.....
Case No.....Serial No.....Result.....

No county or local medical society meetings have been held during the two past months. As they will be resumed this month, we hope for full and prompt reports.—Editor.

American Proctologic Society.

The fifteenth annual meeting of this society was held at Minneapolis, Minn., June 16 and 17, 1913, the president, Dr. Louis J. Hirschman, of Detroit, in the chair. The following officers were elected for the ensuing year:

President, Jos. M. Mathews, M. D., Louisville, Ky.; vice-president, James A. MacMillan, M. D., Detroit, Mich.; secretary-treasurer, Alfred J. Zobel, M. D., San Francisco, Cal.; Executive Council, Louis J. Hirschman, M. D., Detroit, Mich., J. Rawson Pennington, M. D., Chicago, Ill., William M. Beach, M. D., Pittsburgh, Pa., Alfred J. Zobel, M. D., San Francisco, Cal.

President Hirschman's address was on "Proctology and Procto-Enterology."

Papers were presented as follows: Dr. S. T. Earle, of Baltimore, "Reviews of Proctologic Literature During the Past Year"; Dr. R. H. Barnes, of St. Louis, on "A Method of Operating on Fistulae Without Cutting Muscular Tissue"; Dr. A. B. Graham, of Indianapolis, "A Case of Fecal Tumor Associated With Hirschsprung's Disease"; Dr. A. J. Zobel, of San Francisco, on "Sir Charles Ball's Operation for Intestinal Hemorrhoids"; Dr. T. C. Hill, of Boston, on "Deductions Based on an Analysis of 3,000 Rectal Cases"; Dr. J. M. Mathews, of Louisville, "Personal Reminiscences Upon the Subject of Proctology"; Dr. W. M. Beach, of Pittsburgh, on "Z-Plastic Operation for Anal Strictures"; Dr. R. W. Jackson, of Fall River, on "Sphincteric Atrophy; Causes, Consequences and Treatment"; Dr. G. S. Hanes, of Louisville, on "Observations on the Surgical Anatomy of the Large Bowel"; Dr. C. F. Martin, of Philadelphia, on "The Ana-Rectal Line: Its Clinical Significance"; Dr. D. H. Murray, of Syracuse, on "Further Observations on Pruritus Ani"; Dr. J. A. MacMillan, of Detroit, on "Treatment of Fistula-in-Ano."

(We may give abstracts of some of these papers in subsequent issues of our journal.—Editor.)

The International Medical Congress.

The English papers bring fuller accounts than the cabled dispatches of the Seventeenth International Congress of Medicine, which was concluded in London, last week, after a ten-day session. To such occasions we naturally look for a resume of what has been accomplished in medicine and to indications of its trend in the future. Both of these were presented, the former by the president, Sir Thomas Barlow, and the latter by Professor Chauffard, of Paris.

Naturally, these two addresses ran along somewhat similar lines, because the medicine of the future must be an outgrowth of the the past, if there is to be any continuity in its development. Both as a science and as an art, President Barlow declared, medicine has made a great development since the last congress was held in London twenty-two years ago, and this development, the tangible results of which are popularly apprehended, are due, to a great extent to a generation of great men who attended the congress in 1881, and who have since died. Virchow, Pasteur, Lister and Koch are names with which the world is familiar.

The transformation that medicine and surgery have since undergone, Sir Thomas said, has been effected by the unremitting labors of workers in

multitudinous paths; but the paths were blazed by the men of that day.

Summing up the situation, from one point of view, in a sentence, Sir Thomas said: "We are learning to discriminate between the essential and casual factors of disease and the concomitants, such as combined and terminal infections." This, of itself, marks a great advance, for it is too obvious to be dwelt upon that a clean cut distinction between the essence of ill health and its accompaniment results in a clarity of understanding from which much may be expected.

The aim of modern medicine is the eradication rather than the cure of disease, and for the accomplishment of this end, "Remove the Cause" is the great slogan; hence the need of knowing the cause.

Professor Chauffard presented this same point of view with great force. From earliest times, he said, the sick man had always had two very definite questions to put to his medical attendant: "Shall I get well?" "What is the treatment for my complaint?" But during the last 100 years or so a third question has come to be put—"What is the diagnosis?" And this is now regarded as the first question of the three and the most important.

But now, Professor Chauffard declared, an advanced step is being taken. As recently as last century it was commonly held that a disease once cured had no to-morrow. We have seen the error of this notion, however, and where recovery from a present illness is seen to be almost, if not quite certain, the doctor foresees after effects, such as valvular diseases of the heart following rheumatic fever. To try to avert or arrest the progress of disease to these future conditions is the modern doctor's views.

It was with the idea of "eradication" in mind, apparently, that Sir Malcolm Morris appealed to the doctors in the congress to urge upon their respective governments the imperative necessity of taking systematic and vigorous action for the "expurgation of that worst of venereal diseases and scourge of the human race, syphilis." To this appeal, we understand, the British Government responded immediately, providing for a commission to study the causes and remedies of this physical blight, against whose ravages Professor Cholich's discovery promises to act so effectively.

"The schoolhouse and the scholars, the home of the poor, the colliery and the factory, the dangerous occupations, the sunless life of the mentally deficient have benefited, and will benefit still more" by the friendly invasion of modern medicine, co-operating with economics, social legislation and philanthropy. Of this we are all aware, despite occasional hasty legislation. Preventive medicine has come to the fore. Preventive legislation against carriers of disease has been enacted. Eugenics has fought its way to popular consideration. The outlook for the future is bright.—Newark Evening News.

International Congress of Surgery.

The Fourth Congress of the International Society of Surgeons will be held in New York on April 14 to 18, 1914, under the presidency of Prof. A. Depage, of Brussels. Three subjects have been announced for discussion: 1. Gastric and duodenal ulcers (de Quervain, Hartmann, Lecene, Mayo, Moynihan, Payr); 2. Grafts and transplantations (Carrel, Lexer, Morestin, Ullmann, Villard); 3. Technique of amputation (Binnie, Ceci, Durand, Kusmik,

Ranzi, Witzel). The sessions of the congress are public, but participation in the discussions is limited to the members and the discussion will be confined strictly to the topic of the day. Information in regard to the program may be obtained from Dr. L. Mayer, Secretary-General, 72 Rue de la Loi, Brussels.

Miscellaneous Items.

A Heathen Sect.

A little child five years old died of diphtheria the other day, after one "present" treatment and several "absent" treatments by a "Christian Science" mummer. The deluded mother stated that the child had been "in error." By error she explained she meant a "slight sin." In other words, this strange sect teaches that the Judge of all the earth will slay a five-year-old child for a slight sin. Has heathendom ever evolved a more savage doctrine? It is akin to the horrible belief once taught that hell is paved with the skulls of unbaptized infants.

And these rivals of the Witch of Endor flourish exceedingly, fatten on the blood of their innocent victims and go unwhipped of the law because they call such a doctrine religion, and justice keeps her sword in her sheath and smiles benignantly, if not inane, on the lawless practices of this sect, because of the cloak of religion with which its votaries sanctimoniously cover their nakedness.—N. Y. State Journal of Medicine.

Medical Ethics in China.

In an article in the Journal of Race Development on the practice of medicine in China, Dr. C. W. Young, of the Union Medical College of Peking quotes this from a work on medical ethics:

"When a patient is severely ill, treat him as thou wouldst wish to be treated thyself. If thou art called to a consultation, go at once and do not delay. If he ask thee for medicine, give it to him at once, and do not ask if he be rich or poor. Use thy heart always to save life and to please all. So will thine own happiness be exalted. In the midst of the darkness of the world be sure there is some one who is protecting thee. When thou art called to an acute illness and thinkest with all thy might of nothing but making money out of the patient, if thy heart be not filled with love of thy neighbor, be sure that in the world there is some one who will punish thee."

Fee Splitting Places a Premium on Poor Surgery.

Fee dividing in any form that is practiced is characterized by the Journal of the Indiana State Medical Association as "a dishonorable traffic in the ills of humanity. Followed to its logical conclusion it means the sale of the patient to the highest bidder. It can be nothing more than the rankest commercialism when general physicians seek a fee-divider, and usually the one paying the largest commission, to whom patients are to be referred. In a general way the question of ability is not considered, and the embryo surgeon without education, training or experience can and does do

a large surgical practice if he pays well for the services of the members of the steering committee. The unfortunate patient who has placed his trust in his family physician is not consulted." In an editorial note the "Journal" says that fee-dividing is a crooked deal between surgeon and general physician, with the patient as "the goat."

Illegal Practitioners.

Successful prosecution of illegal practitioners of medicine depends first of all on the disposition of the authorities to prosecute. There are exceptions, but as a rule our courts are ready and willing to get in behind genuine fakers who are violating the medical practice act, if anything like proper evidence is forthcoming. Officers have long since learned that it does not pay to arrest alleged violators of any law merely on suspicion, unless a real crime has been committed. It is not sufficient to believe or even to know that a law has been violated, there must be positive proof before the courts can afford to convict.—Texas State Med. Jour.

Some Things Medical Men Have Done

As usual, it was the efficient medical corps, with its well-planned hospital and ambulance service, that enabled the 70 and 80-year-old veterans, fully 50,000 in number, to live through the fierce heat of the semi-centennial celebration this July at Gettysburg, Pa. Once again it was the medical man and not the Christian Scientist, the osteopath or other irregular who successfully bore the brunt at this great gathering. Will the doctor-decrying newspaper ilk please take notice?

Let the great American public, and especially its newspaper end, never forget that, at the great floods of 1913 and at the Gettysburg battle semi-centennial in 1913, it was the medical men who worthily "saved the day." When again the food adulterers' League of American Freedom throw dust into the people's eyes with its cry of "medical trust," let newspaper men remember the foregoing.—Medical World.

The New Jersey Commission on the Care of Mental Defectives has been created, to consist of five persons appointed by the Governor, to investigate the subject of public provision for the care, custody and treatment of mental defectives in the State, to determine what additional provision is likely to be required in the near future, and to insure early relief, economy in construction and administration, proper care, curative treatment and custody and adequate state supervision. A suitable appropriation was granted to defray the expenses of this inquiry and report, which is to be made to the Governor by March 1, 1914.

The Physician as a Community Asset.

A well-trained sensible doctor is one of the most valuable assets of a community, worth today, as in Homer's time, many another man. To make him efficient is our highest ambition as teachers, to save him from evil should be our constant care as a guild.—Osler.

Diagnostic Cloaks for Carelessness.

"Neurosis," "neurasthenia," and "hysteria" are terms that are convenient excuses when patience and trouble are alike demanded in a reasonable search after the true cause of the woman's complaint. I know of no more dangerous terms in the gynecologic vocabulary than these. They are apt to lead the young and unwary practitioner into a diagnostic culdesac, missing in his stumble therein the track to some serious pathologic condition that this delusive impression has prevented his reaching.—H. Macnaughton Jones in Clin. Jour.

Cancer Instruction in Medical Colleges.

(From the Kentucky Medical Journal.)

The American Association for Cancer Research brings a serious indictment against our medical colleges in a resolution which was unanimously adopted expressing the sentiment of this Association that the present instruction of medical students in the symptoms and early diagnosis of cancer is seriously deficient, and that the medical curriculum should include special lectures in the clinical departments, dealing specifically with this subject, and that the activities of the Association should, at present, be chiefly confined to the education of the medical profession. The indictment is severe and is deserved. If there are any medical teachers who are doing their duty in the line of teaching the early diagnosis of cancer, the Journal is ready to publish a defense from them.

Dr. Alexis Carrel, of the Rockefeller Institute of New York, is the lion of the day in Paris. Another large and excited audience on June 22d attended his illustrated lecture. Biologists and surgeons, savants and fashionables, fought for admission. The singular modesty and impersonality of Dr. Carrel helped to impress the Parisians, who look upon him as a successor of Pasteur. Dr. Carrel paid a high tribute to Americans at the expense of his own countrymen. He said:

"You do not know how to construct. On the contrary, I find everyone in America is receptive to constructive ideas and full of enthusiasm. American savants love science for its own sake."

Without raising his voice above normal, Dr. Carrel proclaimed his faith in the efforts of humanity to regenerate all withering things. "Nations are cured and revived like sick men," said Dr. Carrel. "In one generation, if the French but willed, they could entirely make over France."

There is an old Latin saying that "men resemble the gods in nothing so much as in giving health to their fellow man." Whatever our religion may be, whatever our philosophy of life may teach us, if we may accept as a practical working hypothesis that "the highest aims of human endeavor are best and most effectually realized in the good we can do to others," then the exponents of modern medicine in thus doing more than ever for the human race are fulfilling in larger and larger measure their high function in the human economy.—Dr. W. A. Jayne, Denver.

A man cannot become a competent surgeon without a full knowledge of human anatomy and physiology, and the physician without physiology and chemistry flounders along in an aimless fashion, never able to gain any accurate conception of disease, practicing a sort of popgun pharmacy, hitting now the malady and again the patient, he himself not knowing which.—Osler.

Insurance Companies Prefer Examiners Who Are Society Members.

A few years ago a certain life insurance company wanted a medical examiner in a certain locality. My advice and judgment was solicited. I recommended a physician who I thought possessed every qualification, but, to my chagrin, he was rejected. The company said that while it was not imperative that their examiners should belong to a medical society—all else being equal—they would give a preference in favor of a member over one who was not. The doctor whom I recommended did not belong to a medical society.—He does now.—Dr. Scott in Lancet-Clinic.

American Doctors Honored.

The Royal College of Surgeons on August 6th conferred honorary fellowships on many members of the international congress, including Dr. George Crile, of Cleveland, O.; Dr. Harvey W. Cushing, of Harvard University, and Dr. John B. Murphy, of Chicago.

Sir William Osler, regius professor of medicine at Oxford University, August 6th, gave a dinner to the medicine section of the congress at the Automobile Club.

Harvard Doctors Honored.

Announcement was made on August 7th that Dr. Milton J. Rosenau, professor of Preventive Medicine and Hygiene in the Harvard Medical School, has been awarded the gold medal of American Medicine for having rendered the most notable service to humanity in the domain of medicine during the past year. Dr. Rosenau has done notable work in the study of infantile paralysis. Through experiments, conducted for months at the Harvard Medical School, he has proved that the stable fly is one of the chief, if not the sole, means by which that disease is transmitted.

Dr. Crile's New Method of Anesthesia.

Great interest was taken in the meeting of the British Medical Association at Brighton when Sir Berkeley Moynihan, professor of clinical surgery in the University of Leeds, described the discovery by the American surgeon, George W. Crile, of Cleveland, O., of a method of anesthesia whereby the area of operation could be shut off from the brain for several days if necessary.

The Daily Press, London, commenting editorially, considers that the discovery is, perhaps, one of the greatest in modern surgery.

No man can live happily who regards himself alone, who turns everything to his own advantage. Thou must live for another if thou wishest to live for thyself.—Seneca.

THE JOURNAL

OF THE

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All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

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WILLIAM J. CHANDLER, M. D., South Orange, N. J.

We give in this issue the entire Symposium on Syphilis, presented at the annual meeting of our State society in June, with an abstract of the discussions. We regret the failure to receive reports of two members who took part in the discussion because of their absence in Europe.

Another paper on this subject, independent of this symposium, by Dr. A. S. Clark, of New York City—a member of the Middlesex County Society—will appear in our next issue.

THE DOCTOR'S VACATION.

A larger number than ever, we believe, of the New Jersey physicians have been abroad this year enjoying their summer vacations. We have been pleased to hear from Drs. Marcy and McLaughlin, and although their communications were personal letters to the editor, we believe they will not object to the liberty we take in sharing them with their many friends among our Journal readers.

We agree with Dr. Marcy concerning the pleasure and benefits of an occasional trip abroad, but as he intimates, the expense to most medical men is prohibitive. Whether the method suggested for providing for the expenses of a European trip is practicable is open for discussion. We are afraid that if very many took shares in the building and loan associations to secure the

needed amount that the association would not prosper as much as when the shareholders invest their money to carry out the original designs of such association. We suggest that a good savings institution is to be preferred as the place to save money for such an object.

We believe that every physician in active practice should have an annual vacation somewhere away from home; that he will thereby be enabled to render better service to his patients, make his work easier and better and probably prolong his life. We endorse the following ideas of Richard W. Proctor, in "Business":

To take a real vacation does not necessitate in every case your shutting off all work and thought and going "back to nature." What you really need is a complete change of thought and surroundings—something that takes you entirely away from your ordinary line of work. That is why the city man derives benefit from a trip to the country and the country resident profits by a visit to the city—simply a change in daily surroundings and habits of thought.

Used right, your annual vacation is a thing of tremendous possibilities. You can use it to renew physical energy, to break away from deep-in-the-rut habits of thought, to blow the cobwebs out of your brain, to earn actual money, to uncover new opportunities either in your present line of work or in new fields. And you can do all this in your annual one or two weeks' vacation and return to your duties thoroughly refreshed in mind and body.

While realizing that but few New Jersey physicians are able to spend their vacations abroad, we are glad to know that all they need is to be found among the grand scenery and health-giving, strength-renewing resorts which our country possesses in abundance, and which even New Jersey offers in great beauty and variety amid the mountains of the northern part and the unexcelled seashore of the eastern and southern parts.

Dr. McLaughlin's letter shows that he is combining business with rest and pleasure, in a way that ought to help him in his usual work and enable him better to serve his community.

It is evident from a hasty reading of the scientific program and of the list of entertainments which Dr. McLaughlin kindly sent us that the recent meeting of the International Medical Congress in London, England, which several of our New Jersey physicians attended, has never been excelled by any medical, or other scientific body, for wealth of scientific papers and

popular addresses presented and for the generous hospitality extended. The London Daily Journal's descriptive program contains about 200 pages. The general entertainments day and evening and the sectional entertainments day and evening were so numerous that it would take about a page of our Journal to enumerate them; entertainments given by His Majesty's Government; by high official, national and city, leading universities and hospitals, medical and other scientific societies, prominent physicians, etc.

**AFTER VACATION COMES WORK.
IT OUGHT TO BE BETTER WORK.
WILL SECRETARIES AND REPORT-
ERS OF COUNTY AND LOCAL MEDI-
CAL SOCIETIES PLEASE SEE TO IT
THAT THE JOURNAL RECEIVES
BETTER, FULLER, EARLIER RE-
PORTS OF THAT BETTER WORK?**

AMERICAN COLLEGE OF SURGEONS.

We have inserted elsewhere in this issue of our Journal two editorials on this new organization, expressing widely divergent views, the one from the other and in a decidedly different spirit and both are from the West. One seems to be the expressions of a "cool-minded, level-headed" man—as he declares the leaders of this new movement are; the other seems to show questionable judgment, hastily expressed and possibly it is hypercritical and lacking in ethical spirit.

Drs. Finney, Matas, Martin, Murphy, Crile and Mayo are among our ablest surgeons, they are ethical gentlemen who deserve our respect, and we believe them to have been actuated by pure motives. It is possible—very probable—that with wisely planned and properly conducted management, this new effort to raise the standard of surgical practice may become of decided benefit to the profession as a whole, as it would tend to protect the public against the incompetents and over-zealous tyros in surgery who have brought discredit on both surgeons and internists by needless surgical operations, and it would thereby increase public respect for and confidence in the profession.

Our only question is whether the tendency, at the present time, to multiply organizations is wise and should be encouraged, and we—with due respect for the judgment of specialists in surgery—ask

whether it is possible and advisable to merge several of our surgical societies into one good, strong organization, possibly with northern, southern and western sections. Each meeting two or three times a year, with an annual meeting of all sections together at some other date. At the annual meeting there might be arranged sections on the different departments of surgical practice. We believe this would save much seemingly needless machinery, expense and time and might enable its members to attend more regularly their State and county societies, where they are needed.

The above suggestions are made in view of the fact that our surgeons generally believe in and insist upon a separate organization composed of surgeons only. We have one great organization—the American Medical Association—composed of physicians engaged in all branches of practice with its various sections, including one on surgery, though that section does not cover the whole field of surgery, for there are also sections in which surgical practice is involved—Obstetrics, Gynecology and Abdominal Surgery; Genito-urinary Diseases; Orthopedic Surgery; Gastro-enterology and Proctology. The large attendance and the very large number of scientific papers presented would seem to make the various sectional meetings necessary, but there is one disadvantage which many general practitioners have felt, when at the same hour papers are presented at two or more section meetings on subjects in which they are deeply interested and they cannot attend but one, and to a less degree perhaps the surgeon for the same reason is disappointed.

There is one phase of this subject we cannot now discuss, but it is worthy of the most careful thought and wisest adjustment in reaching conclusions. The general practitioner in pursuing his studies in an approved medical college is supposed to be thoroughly taught in all branches of practice and after his course of instruction of four or five years graduates as a physician and surgeon, he—under present requirement in some college and proposed requirement in all—has had during the last year or two in college practical hospital experience. He passes the State Examining Board and is licensed to practice medicine and surgery. Is he to be debarred from practicing surgery or at least from performing major operations? Where shall the line be drawn? What shall be done in the case of a general practitioner who has

a poor patient needing immediate operation; for example, one who is settled in a country district and where there is not a member of the American College of Surgeons or a surgeon recognized by that body as competent, living within a hundred or two miles of the general practitioner?

EDUCATION IN SEX HYGIENE.

Recognition of their responsibility has resulted in a marked awakening of physicians to their obligations as leaders and teachers in the science of keeping well. The essence of preventive medicine is education, and physicians by virtue of their training, experience and ideals, ought to be leaders and teachers. Yet until within a few years their responsibilities were not recognized in the prevention of venereal disease and education in the hygiene of sex.

The earlier policy of silence and repression in regard to these matters is fast changing not only on our part, but on the part of parents and educators. The sinister menace of venereal disease can hardly be overestimated. In the United States 770,000 males reach early maturity annually. At least 60 per cent., or 450,000 of these young men, will at some time become infected with venereal disease, 20 per cent. before the age of 22; 50 per cent. before 25, and over 80 per cent. before they pass 30 years. This is the morbidity among males reaching 16 in any one year. Each succeeding year adds a similar group to the aggregate.

Syphilis and gonorrhea undoubtedly surpass in prevalence all other infectious diseases combined, and their immediate and disabling effects fall most heavily on the most active and productive period of life. Gonococcus infection alone is said to be responsible for 80 per cent. of all deaths from inflammatory diseases peculiar to women, 75 per cent. of all special operations on women, and over 60 per cent. of all the work done by gynecologists; 50 per cent. or more of these infected women are left irremediably sterile besides the number whose offspring are still-born, premature, weakly, diseased or mentally defective.

Considering the terrible ravages of these diseases and their wide prevalence, our efforts at preventive measures have been woefully inadequate, says the Journal of the American Medical Association. The community and State assume immense burdens in the care of victims of such condi-

tions as deaf-mutism, mental defectiveness, general paralysis, blindness and many others. Yet the prevention of a large percentage of these conditions by prevention of syphilis and gonorrhea receives but meager attention. If bubonic plague had but a fractional percentage of the incidence of these diseases all hands would be joined to drive it out. Cholera in a civilized country to-day is no such social and national menace as venereal disease. We appropriate great sums to fight certain epidemic diseases and to maintain a rigid quarantine against them, but we are only now beginning to wage warfare against diseases which are as dangerous as any epidemic disease and far more dangerous than many.

There are various points of attack in this problem and various closely related problems. But there is one point of attack in combating the spread of venereal disease which is justly regarded by many experienced workers as the most vital and strategic, and that is the education of the young. There has been an upheaval in pedagogic and social sentiment in the last few years regarding the question of sex-teaching in home, school and college. Conventional prejudice against such teaching is giving way rapidly, and results are already beginning to appear. Educators are coming to believe that these subjects have a rational and vital place in the educational system.

PHENACETIN—ACETPHENETIDIN.

Most physicians use the word "phenacetin" rather than the official name "acetphenetidin," because they are used to it, and without any desire to specify the brand of the original patentee, that is, "phenacetin, Bayer." Unfortunately druggists do not always feel assured of this and, to be on the safe side, dispense the original and more costly brand, despite the fact that examination in the A. M. A. Chemical Laboratory has shown that the original patentee, The Farbenfabriken of Elberfeld Co., sell "acetphenetidin" which is just as pure as its phenacetin for about one-fourth the price of the latter.

In discussing the question whether a druggist may dispense any reliable brand of acetphenetidin when "phenacetin" is prescribed, the Journal A. M. A. (Oct. 5, 1912, p. 1308) says: "Unless the pharmacist happens to know that the physician in writing the prescription desired the Bayer brand, he would be justified in dispensing

acetphenetidin, U. S. P." During the life of the patent, it is explained, the word "phenacetin" became a familiar one, and the product became generally known by this term. But a coined name for a patented article loses its proprietary character and becomes the common name of the article when the patent expires. In other words, when the patent expires, not only the product, but also the name itself becomes common property. This principle has been recognized by the courts. It has been suggested that, while it is the physician's privilege to specify any particular brand of a product, in this case where it has been shown that all commercial brands are of U. S. P. quality, it would place a needless burden on the pharmacist to require him to keep in stock a number of brands of this article, and hence we suggest that physicians inform their pharmacist that when they prescribe phenacetin the U. S. P. article is wanted.

The absence of the Prize Essay Committee on their vacation outings has delayed the issue of the announcement of conditions of award of prize. It will appear in our next issue.

Correspondence.

Dr. Alex. Marcy, Jr., Enjoying His Trip.

Cortina D'Ampezzo,
August 7, 1913.

Dear Doctor English :

I wish you could be enjoying this beautiful scenery and sharing with me the inspiration and uplift that one gets amid such surroundings. I am sure you could not help being benefitted physically, refreshed mentally and uplifted morally. It is simply grand. We are having a most delightful trip and I am feeling much better for it.

While in Vienna I had the pleasure of meeting Drs. Dickinson of Jersey City, McFadden of Hackensack and Sexsmith of Bayonne. We had a fine time together, about 13 New Jersey people in the party, and while the band played America one evening in the Kaiser's Garten, where we were enjoying the music, we made quite a respectable noise. There is a wonderful impetus to be gotten from a more intimate association with medical men and medical centers, and, therefore, it is a good thing for us to get into closer and individual touch with those old world medical leaders.

It is unfortunate that more of the profession do not avail themselves of the privilege. Most of them will say that they cannot afford it, but they spend more money than such a trip would cost every few years on unnecessary and unsatisfying pleasures. A very good plan for a man whose income is not sufficient to allow him to go where he pleases, is to take a few shares in a building and loan association, and when the amount is sufficient to defray the expenses of such a trip as he would like, to draw it out, pack his grip and get away.

Traveling in Europe is not as expensive as in America, and yet it is much more expensive than it was a few years ago. By careful and inexpensive methods, however, you can get along on a very small sum. * * * I shall be glad to see some warm weather, as at present it is rather cold. With kind regards, believe me,

Yours very sincerely,
Alex. Marcy, Jr.

Dr. G. E. McLaughlin's Trip Abroad.

Waldorf Hotel, London,
Aug. 10, 1913.

Dear Dr. English :

The International Medical Congress sessions are drawing to a close and a very busy and instructive time has been offered to all. One really has had but an opportunity to get a bite, change clothes and get some sleep when there would be something else on the tapis.

England has outrivaled herself in generous hospitality. I am sending you a catalogue of the proceedings and also one giving the special entertainments, from which you can draw some ideas of their extent.

Before arriving at the Congress I had been inspecting sewage treatment plants in the Manchester and the Birmingham sections. As you know the former is the most densely populated portion of England. I had letters to the principal managers of those plants and have been most courteously received. Here in London I have also visited Dr. Houston—an old friend—who has charge of the water supply of this city.

From here I go to Paris to see the sewage and water works there, then to Essen (the home of the Krupp's iron works). I have letters to prominent men there, among them Dr. Karl Imhoff, who perfected the tank and sewage treatment method which bears his name and which seems unrivalled. * * *

Sincerely yours,
George E. McLaughlin.

History of Medical Society of New Jersey.

Extracts from an editorial in the *Sussex* (N. J.) Independent.

Back to the Colonial days, prior to the taking up of arms against the mother country, the "Medical Society of New Jersey" was formed in 1766 to bring order out of chaos and separate the legitimate practitioner from the quack and the charlatan.

Men rode a hundred miles by horseback over mountains and through valleys to attend this important gathering, for the trolley and steam road was not even a dream, and from that very day the resolves of that noble band of fourteen men have been sustained and strengthened until today the Medical Society of New Jersey stands not only the oldest but the strongest and most respected of any in the Union.

In the Colonial armies 1,257 of these men fought, suffered and bled, and something like 300 from the State of New Jersey gave their services and lives for the cause of the Union upon the battle-fields and in the hospitals in the great Civil War.

While pamphlet records have been printed from time to time by some of the county medical societies, recording current events, no general attempt has ever been made to publish a broad history of the men, the society and events down to the present day until about two years ago, when a plan

was designed to embrace such a work in one volume, 600 pages of history, 2,200 pictures of all the hospitals, sanitariums and state institutions. * * *

The entire field work of the history is under the direction of J. A. McClary, who is collecting the photographs and historical data of the men, both living and deceased, but its general character and make-up is to be supervised and reviewed by a number of the best known men of the state society.

Revision of State Health Code.

From the Newark Evening News

Following action taken by the Medical Society of New Jersey at the recent annual meeting of that organization in Spring Lake, the legislative committee of the society has been increased to ten members, five new ones having been added in accordance with recommendations made in the report of the previous committee of five.

Specially interesting among the recommendations is that there should be established a system of medical examinations, at least of men, as a condition preliminary to the securing of a marriage license.

The committee has been enlarged with the object of obtaining a revision of the health laws of the State, including the reformation of the administrative powers now possessed by the State Board of Health. The committee has recommended the creation of a State commissioner of health and of a State public health council to "have power to adopt public health regulations, but should not have executive, administrative or appointive powers."

The composition of the council, as suggested, would be as follows: The State commissioner of health, commissioner of education, commissioners of charities and corrections, three physicians and a sanitary engineer appointed by the Governor.

The enlarged legislative committee includes all these except the commissioner of charities. The new members are the commissioner of education, Calvin N. Kendall; Morris R. Shererd, chief engineer, of Newark, as sanitary engineer; Dr. Richard Cole Newton, of Montclair, of the present State Board of Health; Dr. D. C. English, of New Brunswick, editor of The Journal, of the medical society, and Dr. H. B. Costill, of Trenton, as a member of the society. The old legislative committee consisted of Dr. Gordon K. Dickinson, Dr. George E. McLaughlin and Dr. Frank D. Gray, all of Jersey City; Dr. Edward Guion, of Atlantic City, and Dr. William G. Schaufler, of Lakewood. These are continued on the committee.

In the report on which the recommendations are based, it was stated that while the present State health act satisfied conditions at the time it was passed, in 1887, the present body of State health laws cannot be considered as meeting the present situation. The report states:

"As a matter of plain fact, the entire system as at present constituted is incomplete, unsatisfactory and inadequate."

In making recommendations for a revision of the New Jersey health laws, the committee accepts recommendations made by a special commission named in New York, for a revision of the health laws of that commonwealth, and which were enacted into law by the New York Legislature.

As to the State commissioner of health, it

is suggested that he be appointed by the Governor for a term of six years with a proper salary, no amount being mentioned, the appointee to be either a physician or a recognized authority in public health work. He should not be permitted to practice medicine or have any other occupation which might interfere with his duties. He would have supervision over all local health authorities in the State.

The State would be divided into sanitary districts, with a sanitary supervisor in each district, who would have to devote his entire time to the duties. Local health officers would have to meet qualifications fixed by the State Health Council. Each local Health Board would have authority to appoint one or more trained nurses to visit sick persons unable to obtain assistance otherwise and to act generally.

Editorials from Medical Journals

May Every Dyspeptic Eat Oysters?

(From American Medicine.)

In another month the oyster will have concluded his domestic duties, started his immense annual progeny on a career, and be ready once more for the martyrdom of the dredge. It is popularly supposed that the oyster digests himself in the human stomach owing to the great size of the liver which is crushed as mastication begins and is thought to discharge its digestive juices freely over the remainder of the fish in a sort of glorious self immolation for the benefit of happy mankind. As the oyster, moreover, contains some ten per cent. of extremely assimilable protein together with phosphorized fats and glycogen, it is evidently an excellent food and it has always been freely administered to convalescents, while dyspeptic *bons vivants* have never hesitated to eat it abundantly, however dubiously they may have regarded the rest of the menu. The salt contained in the oyster and the lemon juice in which it is usually served are stimulating to the gastric mucosa. Pron, in *Journal des Praticiens* for March, 22, 1913, expresses the opinion that the oyster may be allowed, therefore, to those dyspeptics whose gastric functions are deficient, in anorexia, gastric atony, ulcer and incipient cancer, and to convalescents from acute disease, as they are likely to improve the appetite and to excite the stomach to increased motor and chemical activity.

College of Surgeons.

From the Wisconsin Medical Journal.

The organization of the American College of Surgeons is not an advertising scheme started by shallow enthusiasts. It is a serious attempt to deal with a large and difficult problem undertaken by a cool-minded, level-headed body of practical men. How much success will attend the efforts to raise the standard of surgical practice as it exists to-day, time alone can tell, but the fact that the effort is being made is a most encouraging sign. No one can clean house for the surgeons except the surgeons themselves.

They are going about the work in a way which seems to have large possibilities for

good and their efforts should receive the cordial support of all.

The qualifications for fellowship in the College will be entirely professional and moral, and it is proposed to have the society a democracy, based upon efficiency, and not an aristocracy, based upon position. Every man qualified for surgical work and of good moral character will be entitled to membership. It being intended to make the new society as broad as possible, yet at the same time keeping out all men who are likely to bring reproach upon the profession. The purpose of the society is primarily for the protection of the patient and the honor of the profession and to help the people to discriminate between men qualified to operate on them and those who are not.

The standards for admission into the society have not yet been fixed, but it is not likely that those surgeons who are now practicing will have to undergo an examination, although this will be required of new graduates of the medical schools who may apply admission after this season. The society is to be absolutely independent and is not to have any connection with any professional organization now in existence or with any college or university of medicine.

The American Royal Surgical Emporium.

From the California Journal of Medicine.

It was started, just as scheduled, in Washington, last month; it is called, we believe, the "American College of Surgeons." Finney, of Johns Hopkins, is reported to be its president, and Matas, of New Orleans, its vice-president. And then there is a Board of Regents to cherish its early years and get its nice little feet directed in the right direction! And shortly the fun will begin. Who is a surgeon? What is a surgeon? "Why am I not entitled to belong to this holy organization; I once shook hands with Murphy and have removed ingrowing toe nails? Am I not a surgeon? Who shall say that I must be deprived of the glory of adding those mystic letters to my name? I was excluded from the original lists of the elect merely through jealousy; I am too good a surgeon; everybody is afraid of me and so they keep me out! Odds bodkins! Gads zooks!" And what in the world is the matter with all the "internists"? Are they asleep at the switch? Are they going to let the surgeons, Murphy-Martin directed, put it all over them again? Are they not going to organize an American Royal College of Physicians? Is here to be no way in which a plain, ordinary, self-respecting physician can add a bunch of letters to his name and thus become a better doctor? It is pitifully scandalous to see such lack of energy; such inertia. Are there no great leaders among the physicians—the "internists," as they love to malign themselves? "Up and have at them!" Let us organize the "Internists' National Society Absolutely No One Excluded" and then John Jones may sign his name and have his cards printed "John Jones, M. D., I.N.S.A.N.E." And then let's all join the "Holy Rollers!"

Syphilis or Bad Habits.

(From American Medicine, June, 1913.)

The crusade in this country against the use of alcohol and tobacco have not usually been

characterized by moderation in statement and there can be no doubt that many chronic and fatal lesions of the human body have been wrongfully attributed to these agents, when, as a matter of fact, some organic disease has been the real cause. Our older confreres can remember the striking legend of the beer-drinker who accidentally drove a rusty nail into his hand and succumbed shortly after to "blood-poisoning," a result, the story used to conclude, quite impossible in a total abstainer. This venerable fable vanished in the light of modern bacteriology; few teetotalers nowadays would care to risk a rusty nail in their tissues. But to this day atheroma and calcareous degeneration are often attributed, and by medical men, solely to the excessive use of tobacco. To us the occurrence of a calcareous plaque from tobacco alone is quite unthinkable, and we are not disposed to believe that even the adjuvant effect of whiskey could develop so serious a lesion. When symptoms of atheroma are plainly marked, the physician should invariably institute a series of Wassermann tests and in the great majority of cases he will find them positive. In the few cases where the test repeatedly proves negative we should make a careful investigation into the family history, believing we should very likely find traces of gout. There was a time when we had to depend upon a more or less treacherous memory in the patient for a history of a hard chancre, and in many cases the initial lesion occurs without in the least attracting the attention of the victim. The Wassermann enables us to place the blame for atheroma where it belongs. We do not wish to be misunderstood as underestimating the depressant effects on resisting power of the excessive use of alcohol or tobacco, but that is another matter entirely.

Editorials from the Lay Press.

A Notable Gain in Surgery.

(New York Tribune, July 26.)

If the report of a new method of inducing anaesthesia which comes from London be fully verified a distinct advance in surgery will be achieved. Usually the effects of the agents now employed, whether the vapor of ether or chloroform inhaled, or cocaine applied on the surface, cease in a few hours. According to a statement made at the meeting of the British Medical Association recently, it is, or soon will be, feasible to prolong the period of insensibility for days. Means have been found, it is said, to cut off the scene of the operation from the brain temporarily, and, presumably, to restore the connection after a proper interval.

Probably such delay will promote the healing process after the surgeon's work is done. Perhaps, too, it will permit a patient to watch an operation on himself. The essential point gained is that both pain and anticipation of pain are avoided. Whether the plan has other advantages is yet to be learned.

In the merciful work of reducing suffering from dentistry and surgery America has had a large and honorable share. Laughing gas was first employed professionally in Hartford and

chloroform in Boston. Simpson's use of the latter in Great Britain for a special class of cases—childbirth—came a little later than its trial for general surgery in Massachusetts. What is known as "lumbar puncture"—the introduction of cocaine into the spine to prevent sensation below the waist—was first proposed on this side of the Atlantic by a New Yorker. Dr. George W. Crile, of Cleveland, is credited with the latest plan. If this proves all that is hoped for it his fellow-countrymen will have just cause for pride.

War on Habit-Forming Drugs.

From the Evening Times, Bayonne.

One is encouraged to believe that the world is growing more unselfish by the assembling of delegates from forty-four nations at The Hague to consider the formation of a general agreement prohibiting trade in opium and other habit-forming drugs.

The fact that only two States whose adherence to such an agreement is important are holding aloof gives ground for substantial hope that the humanitarian end sought will be attained. Turkey clings to her profits from the export of opium and Peru would lose much revenue by the destruction of the international trade in coca, from which cocaine is extracted. But as thirty-four governments failed to participate in the first conference on the subject, held at The Hague in 1911, and thirty-two of them have been won over since, there is solid reason for believing that both Turkey and Peru will yet be persuaded.

America has been a leader in this movement. Efforts by our State Department paved the way for the creation of the international commission which met at Shanghai in 1909 and which was the forerunner of the conferences on the subject at The Hague. Still more important is the adhesion of England, which at last announced positively that she would stop the exportation of opium from India to China. The next step will be the suppression of the domestic trade in and production of habit-forming drugs by the respective countries, and if this can be brought about it will be one of the foremost of civilization's victories.

Modesty—and Shame.

From Collier's Weekly, July 26th.

The thousands of protests that have been pouring in on Chicago's Board of Education by mail and by telephone ever since it was proposed to give a course of lectures upon sex hygiene in the city's public schools, have caused the board to prohibit the course. A majority of the citizens who pay school taxes remonstrated, saying that such topics might better be taught at home. That everyone concerned in the controversy was moved by an intense desire to follow the right course cannot be doubted. Superintendent Young had observed tendencies that woefully demanded correction, and the protesting parents were just as earnestly convinced that the lectures might do more harm than good. Possibly a lecture course would not be the wisest method. But, concerning the principle involved, we side with Mrs. Young. Sex hygiene ought to be taught

at home, as the protesters say. And it ought to be taught at school, too, as well as backed up with heart-to-heart talks by a physician, a clergyman, a principal, or anyone else whose word will convince the child that he is hearing solemn truth. Present-day American boys and girls have vigorous and independent minds not easily impressed by parental advice. How sure are these protesting parents that their "home instruction" settles matters? That a parlor lecture or two easily offsets the constant influence of the "smut talk" of the playground and the streets? And how about the children of the heedless, of the prudes, and of the cowards (for humanity's averages in Chicago probably will run about the same as in other cities)—the children of parents who neglect or dodge the duty of frank talk and trust in Providence to see the youngsters through? All the time that this controversy is going back and forth the clinching argument for teaching sex hygiene is being cried in agonies: sons and daughters by the score are constantly being heaped in sacrifice upon the altar of prudery. The sob of a mother whose baby must go through life blind because of some one's ignorance is an argument for sex education that defies the glibbist debater.

Therapeutic Notes.

Delirium Tremens.

A very efficient and fairly palatable sedative mixture in delirium tremens, is the following:
 ℞ Chlorali hydrati ʒiiss
 Potassii bromidi ʒiii
 Syrupi acidi citrici,
 Aquae aa flʒii
 M. et Sig: Two teaspoonfuls in water. Repeat in two hours if necessary.

Eczema of Scalp in Infants.

Dr. Max Joseph finds that eczema of the scalp in infants responds quickly to the cinna-bar salve recommended by Lassar. The formula of this is as follows:

℞ Red sulphide of mercury, 1 gram.
 Sublimed sulphur, 24 grams.
 Oil of bergamot, 25 drops.
 Vaseline, q.s. ad 100 grams.

This ointment is applied to the scalp twice daily on gauze retained by a bandage, and every other day the scalp is cleansed with oil. As soon as the eczema has been transformed into a dry variety the salve is applied only for the night. When the eruption is represented only by a few superficial scales, the following ointment is effective:

℞ Salicylic acid, 1 gram.
 Tincture of benzoin, 3 grams.
 Vaseline, q.s. ad 50 grams.

Epistaxis.

Before resorting to a plugging of the nares to check nosebleed it is best to apply a small ball of cotton saturated with peroxide of hydrogen, or with a 10 per cent. solution of antipyrin. If at hand, a solution of adrenalin chloride may be likewise tried, generally with success.—Lanphear.

Falling Hair.

For falling out of hair use:

- R Fluidextract of pilocarpin.....I oz.
Tincture of cantharides4 dr.
Soap liniment1½oz.
Mix, and apply to scalp. (Bartholow.)
R Fluidextract of pilocarpin.....I dr.
Tincture of capsicumI oz.
Tincture of cantharides.....½dr.
Castor oilI dr.
Alcohol, enough to make.....4 oz.
Mix and apply with friction to scalp twice daily. (Hare.)

For stimulating the growth of the hair, Sabourand recommends the following:

- R Pilocarpinae hydrochloridi gr.....iii
Aquae q. s. ad solutionem,
Spiritus lavandulae,
Aetherisaa 3v
Aquae ammoniae5ss
Alcoholisad 3vii
M. et Sig: Rub into scalp.
In addition to pilocarpine he has found quinine, camphor and caffeine of value.

Gout Treatment.

For the treatment of gout, atophan has been recommended. It is to be given in half gram doses with sodium bicarbonate, 5 grams, q. 4 h., for three day periods. Increase of the uric acid in the urine has been observed after the use of this drug. There is no irritation of the kidneys.

Infantile Lithiasis.

Dr. Von Bokay, in Zeitschrift fur Kinderheilkunde, notes that the incidence of this condition varies in different countries. In some parts of the world it is practically unknown. In Hungary and in the central part of Russia along the Volga it is quite common. An analysis of 1,836 cases shows that the disease occurs in children most frequently between the second and seventh years. There were 1,319 cases of vesical calculus, 9 of renal calculus, and 508 of ureteral calculus. In the etiology of infantile lithiasis obstruction to the urinary outflow plays a predominant role. The main obstruction is congenital phimosis and the adhesion of the prepuce to the glans.

Itch.

- R Mentholi, gr. xl.
Ichthyoli, 3iv.
Calcii sulphurati, 3j.
Sulphur, 3ij.
Lanolin,
Ol olivæ, of each, ad 3ijj.

Sig.: Apply as required.—C. E. Boynton, in Southern Practitioner.

Locomotor Ataxia—Lancinating Pains In.

Dr. Lemoine gives for a period of from ten to twenty days, according to the severity of the pains, the following syrupy mixture:

- R Biniodide of mercury, 0.20 Gm.
Potassium iodide, 20 Gm.
Distilled water, 20 Gm.
Coffee syrup, 360 Gm.

Sig.: One teaspoonful before breakfast and dinner.—Tribune Med.

Leukemia—Benzol In.

Benzol has been recommended by v. Koranyi for the treatment of leukemia. He gives 25 to 60 grains a day and claims that the white cells decrease in number, the spleen diminishes to normal and the glands subside also, but more slowly. Similar good results have been obtained in polycythemia.

Mania—Acute.

The most efficacious remedy in this condition, par excellence, is veratrum viridum. Under its influence feverish sufferers pass into a state of quiet rest. Norwood's tincture should always be used, because of its constant strength.

—Medical Brief.

Tonsilitis—Follicular.

The local application of aspirin has given Fetterolf satisfactorily results in cases of follicular tonsilitis. Mucus should first be removed from the tonsil by a solution of sodium bicarbonate. The region is then swabbed with pulverized aspirin on a piece of cotton. Both tonsils should be treated even if the inflammation is unilateral. Applications should be made at 12-hour intervals.

Torticollis and Lumbago—Acute Idiopathic.

Acute idiopathic torticollis and lumbago are, according to recent studies by Robin, practically always of rheumatic origin, the lesion being articular or periarticular of one or more of the vertebral joints and the deformity due to reflex spasmodic contraction of muscles for the purpose of fixation and comfort. He insists that the condition should be combated both by local and general treatment. Internally he recommends sodium salicylate up to 60 gr. daily. If, however, relief is not obtained in forty-eight hours this is discontinued and the patient is given sulphate of quinine—a daily, single dose of 15 gr. for four days. When pain is severe he combines 8 gr. salipyrine and 1 gr. caffeine with 2½ gr. of quinine and gives two such doses every twenty-four hours. Jaborandi in the form of an infusion in brandy and water is most useful, but must not be used in the presence of a weak or diseased heart.

Locally friction and massage with calmative liniments should be used. He does not believe that immobilization is indicated in the acute cases.—Interstate Med. Jour.

Vomiting of Pregnancy.

Intractable vomiting in pregnancy is, according to Sergeant and Lean, due to suprarenal insufficiency. They have reported six cases in which the vomiting existed with other signs of suprarenal insufficiency and which were completely cured by the administration of suprarenal extract. They believe that the vomiting is a symptom of toxemia, that the toxin at fault is produced normally by the cells in the chorionic villus and that these toxins are absorbed by the blood of the mother, and owing to the suprarenal insufficiency are not eliminated as they should be.

They habitually use 0.3 grm. of the dry extract of suprarenal capsules two or three times daily or 20-30 m. of a 1-1000 solution hydrochlorate of adrenalin. But the total dried ex-

tract is the better of the two. The solution has the advantage that it may be given hypodermically when the stomach will tolerate neither it nor the dry extract, but the disadvantage is that it does not contain all the active principles of the gland.

Coryza in the New Born.

Drs. P. Raudaux, A. Grosse and V. le Lorier recommend in the case of a simple coryza the instillation into each nostril, night and morning, of several drops of the following solution:

℞ Eucalyptol, 0.05 gram.

Sterilized liquid vaselin, 30 grams.

Menthol particularly should be avoided.

In the case of a syphilitic coryza the constitutional condition should be treated. In addition, there should be instilled into the nostrils three times a day four or five drops of a mixture of one part of hydrogen peroxide and four parts of sterilized water. Two hours later there should be instilled into each nostril several drops of the following:

℞ Resorcin, 0.25 gram.

Sterilized liquid vaselin, 30 grams.

If the act of sucking is embarrassed Laurens recommends the introduction into each nostril of three or four drops of a 1 to 10,000 solution of suprarenal extract.—"Clinique et Therapeutique Obstetricales du Praticien." Med. Record.

Migraine.

Dr. Gordon Holmes has employed the following prescription with the most gratifying results in checking the attacks of migraine:

℞ Sodii bromidi, grs. xii.

Antipyrini, grs. vii.

Tinct. cimicifugae, m. xx.

Aquae, q. s. ad ʒ ss.

This dose should be administered twice a day.—The Practitioner, June, 1913.

In discussing Lawen's Method of Anesthesia, Bryan, Journal Tennessee State Medical Association, notes the use of the following solution:

Sodii Bicarb. C. P. (Merck).....0.15

Sodii Chlorat.0.1

Novocain0.60

Dissolve in 30 oz. of distilled water, to make a 2 per cent. solution. This method is almost uniformly productive of complete local anesthesia, and has produced no deaths and no sequelae.

Dr. A. D. Bevan, in a discussion of Dr. C. H. Frazier's paper on Exposure of Structures at the Base of the Skull, before the Mississippi Valley Medical Association, said: "Novocain has the advantage that it can be sterilized by repeated boiling without interfering with the strength of the solution. One can infiltrate the neck with an ounce of one-half per cent. novocain with great freedom from danger and in an ordinary case a much smaller amount than this is quite sufficient."

Dr. Levy-Bing recommends an ointment containing 10 per cent. of neosalvarsan in vaseline for the treatment of chancre. Applications are made daily after cleansing with boiled water. He reports a quick cure by this method.

Rajat claims that the administration of salvarsan by rectum is much less dangerous than by the other routes. On the morning of the injection the patient receives an enema. He is then given 2 drs. of paregoric to tie up the bowels. The dose of salvarsan is dissolved in saline in the proportion of 1:1000. The mixture is warmed and rendered very slightly alkaline with soda. About 120 cc. are injected slowly into the rectum with a rubber syringe. The patient is cautioned not to use the commode for the next 36-48 hours.—Medical Review of Reviews.

Value of Ammonium Carbonate.

In prescribing for bronchial ailments the primary thought should always be not to give the patient anything that will cause nausea and vomiting. This is particularly true with babies and children. Ammonium carbonate is always irritant. As an expectorant it has no advantage over ammonium chloride, and as a cardiac stimulant is more or less of a failure. Ammonium carbonate can stimulate the heart or raise the blood-pressure only irritating the throat, gullet and stomach and may cause vomiting.

Prescribing Proprietaries.

A mixture containing quinin sulphate, strychnin sulphate, diluted hydrochloric acid, glycerin and pepsin has been recommended for bronchial pneumonia in which there is respiratory failure. With a very sick child the cerebral irritation from quinin is not advisable, unless it is positively needed. This prescription is so intensely bitter that a child 5 years old will reject it. Also, quinin inhibits the digestive properties of pepsin. If strychnin is positively needed it would be better to administer it hypodermically.—Jour A. M. A., June 7, 1913.

Hospitals; Training Schools.

Bayonne Hospital.

The annual meeting of the directors of this hospital was held August 14th. Mr. Carragan was re-elected for the fourteenth time as president and the members of the medical staff were named as follows:

Medical—Drs. Abbott, Forman and Pinkerton.

Surgical—Drs. Corwin, Sexsmith, Donohue and Stevens.

Dispensary—Drs. Axford, Brooke Woodruff, Deary and Cook.

Dr. J. G. L. Borgmeyer was appointed ophthalmic and aural surgeon, and Dr. W. H. Axford radiologist.

Dr. C. J. Larkey is anesthetist.

Camden County Tuberculosis Hospital.

Camden County's new tuberculosis hospital at Ancora will cost approximately \$47,000, while the upkeep of the institution is variously estimated at from \$15,000 to \$20,000 a year. The new hospital bids for the construction of which were approved July 9, will have a capacity of

sixty-eight patients. Recently the Freeholders completed the purchase of a property consisting of eighty acres of ground in the southern section of the county. Plans for the new building are complete and this award of bids means the quick construction of the institution. Under the law the State agrees to pay \$3 a week for each patient in the institution, and Atlantic County will be permitted to send patients to the Ancora Hospital upon the payment of \$10 weekly for each patient.

Cooper Hospital Resident Physicians.

The following have been appointed resident physicians at Cooper Hospital for the coming year:

W. Sherman Garrison, Fred A. Thysell, Thomas K. Lewis, C. Whittemore and Walter A. Yeakle.

Dr. Lewis is a graduate of the University of Pennsylvania; Drs. Garrison, Thysell, Whittemore and Yeakle, of Jefferson Medical College.

The new resident physicians entered on their duties July 1st, after having graduated from their respective colleges.

Paterson Eye and Ear Infirmary.

The thirtieth annual report of this infirmary has recently been issued. We note in conspicuous type on the title page, "For the Poor Only." Dr. Walter B. Johnson is one of its governors, a member of the executive committee and executive surgeon. The consulting surgeons are Drs. D. Webster, J. C. McCoy and N. J. Hepburn; consulting physicians, Drs. W. Blundell, F. R. Sandt and F. E. Agnew; assistant surgeons, Dr. J. W. Atkinson, C. W. Harreys, E. J. Marsh and E. L. Henion; clinical assistants, Drs. J. Payne, H. S. Willard and D. H. Mendelsohn; radiographer, Dr. W. Spickers.

Dr. Johnson's report also shows: New eye patients, 962; eye patients carried forward, 169; new ear patients, 420, carried forward 61; new throat patients, 620, carried forward, 124; making the total number of patients for the fiscal year 1912-1913, 2,356. The number of new patients has been greater than in any previous year.

The number of visits made by these patients for treatment was 13,837; the average daily attendance, 47; number of clinics held, 302. There have been 387 operations performed at the infirmary. The report gives in detail the number and character of the operations.

The treasurer's report shows total receipts \$2,800; total disbursements \$2,100; transferred to Building Fund Account \$500, and cash balance of \$200.

Soho Hospital Acquitted of Charges.

After hearing all the evidence obtainable against the management and nurses at the Essex County Isolation Hospital at Soho, with regard to the treatment of patients, the Board of Managers conclude that recent criticism of the institution was unfounded. This decision was reached at the conclusion of a special meeting called to investigate charges made by a former nurse at the hospital.

The records of several cases referred to in the letters were submitted, showing that the infants concerned had been fed regularly as

required, part of the record being in the handwriting of the complainant. A number of former patients also testified to the kindness displayed by the nurses and management toward inmates, and gave the unanimous opinion that everything that could be done to advance the comfort of the sick was done. They also declared they heard no complaints from other patients.

Stumpf Hospital, Kearny.

The medical staff of the Stumpf Memorial Hospital, Kearny, which will be opened in October, has been organized. Dr. Edward J. Ill and Dr. Gordon K. Dickinson will be consulting surgeons. The consulting physicians will be Dr. Charles E. Teeter and Dr. F. C. Horsford. The consulting specialists will be as follows: Neurologist, Dr. Christopher C. Beling; urologist, Dr. Clarence R. O'Crowley; dermatologist, Dr. H. C. F. Wallhauser; aurist, Dr. Wells P. Eagleton; pediatricist, Dr. Henry L. Coit.

The hospital staff will be made up as follows: Medical director, Dr. A. A. Strasser; attending surgeons, Dr. Widmer E. Doremus, Dr. Strasser; assistant surgeons, Dr. James R. Bramley, Dr. Howard Dukes; attending physicians, Dr. Henry Allers, Dr. Marcus F. Squier; assistant physicians, Dr. A. A. Mutter, Dr. E. S. Goudy; stomatologist, Dr. J. B. Davidson; eye, ear, nose and throat physician, Dr. W. R. Rieck; dermatologist, Dr. John W. Reid; anaesthetist, Dr. Walter G. Mead.

State Hospital, Morris Plains.

The Board of Managers of the State Hospital notified the Freeholders of the raise in the cost of caring for indigent patients. The former cost of \$4 a week per patient was raised to \$4.50. Half of the expense is stood by the county from which the patients enter. This means about a 10 per cent. increase in the lunacy appropriation of this county.

Nurses' Training School.

A class of fourteen graduates at the Training School for Nurses at the New Jersey State Hospital at Morris Plains, July 10th, Dr. Fred. Wooster Owen, Morristown, delivered the address to the graduating class, and Dr. Britton B. Evans, medical director, presented the diplomas.

Hospital for Asbury Park Suggested.

A proposal to establish a branch of the Sea Gate (Long Island) Hospital here has been made by representatives of the institution to Mayor Reginald S. Bennett, M. D. The executive was told that if the city will furnish a building, the institution will be equipped with furniture and bedding and a staff of nurses and physicians supplied. The mayor believes there is a need of a hospital there, but told the visitor that the city's finances were not in a condition at this time to warrant consideration of the project.

Gifts to Hospitals and Homes.

Mayor Cooke distributed most of the \$5,000 received from the Hamburg-American Line of steamers to Christ's Hospital, St. Mary's Hos-

pital and the North Hudson Hospital. It was part of the money collected at the inspection of the new steamer Imperator.

Mrs. Charlotte C. Hardy, Newark, bequeathed \$500 each to St. Barnabas Hospital and the Home for Incurables. The residue of her estate after paying certain legacies is to be divided equally between the Home for Crippled Children and the Hospital for Women and Children.

Home for Convalescents.

By the will of the late Mrs. Anna Moore, of New York City, provision is made for the establishment, in some place in New Jersey to be selected, of a home for convalescents to be known as the James Amory Moore Memorial Home, named after her husband who died a few years ago. The amount of the gift is estimated at about one million dollars.

Our Eleemosynary Institutions.

The present status of our hospitals and similar institutions is far from satisfactory. With an uncertain income derived mostly from the purses of a few, they often find themselves in a sore plight and cannot do their best work. Would it not be more rational to have a regular tax for charity purposes just as we have a school tax? Let all contribute to these worthy institutions instead of a few. Of course, there is the danger of graft, but why put grafters in power? The time is coming when civic righteousness will kick out the professional politician and redeem our municipal government. We already see the sign on the wall.—Delaware State Med. Jour.

Marriages.

HOLMES—LA PAUGH—At Port Jervis, N. Y., June 6, 1913, Dr. Thomas J. E. Holmes, of Paterson, N. J., to Miss Martha M. La Paugh, of Port Jervis.

KAUFMAN—KEENAN—In Philadelphia, Pa., August 6, 1913, Dr. Louis J. Kaufman, of Millville, N. J., to Miss Maria G. Keenan, of Philadelphia.

Deaths.

ANDRESS—At Sparta, N. J., August 26, 1913, Dr. Theophilus H. Andress, aged 72 years.

Dr. Andress was born in Middletown, N. Y. He graduated from the College of Physicians and Surgeons, New York, in 1864, and settled at Sparta, N. J., where he has since practiced medicine.

DAVIS—At Camden, N. J., August 17, 1913, Dr. William A. Davis, aged 62 years.

The Camden County Society recently adopted the following resolution on the death of Dr. Davis:

Whereas, Almighty God has removed from our midst our fellow-member, William A. Davis, M. D., while yet he seemed, to our finite intelligence, to possess the promise of many years of usefulness to his fellow-men; therefore,

Resolved, That the Camden County Medical Society bows in submission to this inscrutable act of the all-wise God, while it places upon record this minute of its sense of loss in the death of one who for many years was active and unselfish in his devotion to the interests of the society; and thus testified in a large sense his devotion and interest in the general welfare of the community and the public—for these are the dominating objects for which the society was organized and is maintained.

To prepare himself for his future lifework Dr. Davis entered the medical class of the University of Pennsylvania, from which institution he graduated in 1876. He began practice in Camden in the same year, and continued in active work until the moment of his death.

In the early years of his practice in Camden, he was associated with the gynecological clinic of the University of Pennsylvania, a preparatory work that eminently fitted and prepared him for the conduct of the large gynecological and obstetric practice that he subsequently possessed.

In 1887 he was selected as one of the original members of the attending medical staff of the Cooper Hospital, and was in active duty in that capacity at the time of his death. For a period of several years he was one of the gynecologists of that institution. In 1889 he was one of the organizers of the New Jersey Training School for Nurses, and during its period of activity, delivered lectures to the classes on "Obstetrical Nursing." At the annual commencement of that school, held in the First Baptist Church in Camden, June, 1893 he delivered the address to the graduates. In recent years he lectured to the classes of the Cooper Hospital Training School for Nurses upon the subjects of materia medica and toxicology. For a period of about twenty-five years, Dr. Davis has been annually re-elected by the Camden City Medical Society as a member of the Board of Managers of the Camden City Dispensary; and when about the year 1894, a consulting staff to the dispensary was established, he was appointed one of the consulting physicians.

In 1877 he was elected a member of the Camden County Medical Society, and in 1889 was elected president of the society. In 1900 he was elected a permanent delegate from this society to the Medical Society of New Jersey. As a member and officer of this society, he was always attentive to the duties devolving upon him. He was constant in attendance upon the meetings, only severe illness or imperative duties keeping him away. He has been known to express his affection for his county society, and testified to that sentiment by his devotion to its interests. In turn the society has evidenced its appreciation of his worth by bestowing upon him all the honors within its gift, the last notable testimonial of this character being his annual re-election, for several years past, as a member of the nominating committee—that bulwark of the society's best interests.

In 1876 Dr. Davis was elected a member of the Camden City Medical Society. During the period of 1870 to the latter part of 1882, the meetings of the City Medical Society were held infrequently and at uncertain intervals. On September 7, 1882, a reorganization of that society was effected, and Dr. William A. Davis

was elected president. Thereafter he continued active in the interests of the society, subsequently serving as its secretary for several years; and as has been related, was further honored by the society in being continuously elected a representative to the Board of Managers of the Camden City Dispensary for more than a quarter of a century. What has been said of his interest and devotion to the Camden County Medical Society can be repeated as applying to the Camden City Society.

In addition to the societies mentioned, he was also member of the American Medical Association, the Medical Society of New Jersey, the New Jersey Sanitary Association, the Cooper Medical Club, the Cooper Hospital Clinical Society, the Philadelphia Medical Club, a member and director of the Camden Young Men's Christian Association, formerly a member of the Camden County Society for Prevention of Cruelty to Children, member of the advisory board of the Camden Day Nursery Association; was one of the original members of the Camden Civic Club, organized in 1894. He was also a member of many fraternal organizations.

Dr. Davis possessed the literary instinct, but he did not often indulge it in formally prepared papers. More often it was displayed in impromptu addresses, inspired by the suggestions contained in the paper or remarks of a fellow-member. On such occasions he displayed the possession of a profound knowledge of practically all branches of medicine, indicating that he was a close student and one who profited by what he read or observed.

In 1889 he discussed before the New Jersey Sanitary Association, "The Climatic Treatment of Gastro-intestinal Diseases of Children"; in 1890 he read before the Camden City Medical Society a paper on "Typhlitis and Perityphlitis," and in the fall of that year he discussed the subject of the "Sanitary inspection of School Houses" before the New Jersey Sanitary Association. In 1895 he lectured before the Camden Young Men's Christian Association, taking for his subject, "That Wonderful Temple—the Human Body." In the medical societies he has discussed the subjects of pneumonia, typhoid fever, ovarian tumors, appendicitis, and detailed interesting obstetrical cases. His lectures to the pupil nurses were always models of the art of imparting instruction. Conversational in manner, they gave the impression that each listener was directly addressed. His lectures were upon those subjects with which he was so familiar, obstetrics, gynecology, materia medica.

As the ideal physician in the sick room, and by the bedside, Dr. Davis had few superiors. His kindly sympathetic manner instantly appealed to the patient, who instinctively gave evidence of supreme confidence in him. This, coupled with his knowledge of the processes of disease, his almost intuitive powers of diagnosis and his store of information about drugs and their combinations peculiarly fitted him to discharge the various duties comprehended by the words "medical practitioner."

He was the good physician who endeavored by precept and example to impart to others a knowledge of that saving grace that he himself possessed; and thus he went about doing good, not in the narrow sense so often wit-

nessed, but in the broad spirit that has knowledge of the frailties of human nature and sympathy for it. He was eminently broad-minded and liberal, and did not hesitate to give credit to those who achieved. He was always the wise counsellor to the young physician, and strove, by advice and encouragement, to render his path more smooth.

Resolved, That the Camden County Medical Society, impressed with the sense of a personal loss, extends its sincere sympathy to the family of our departed brother.

Resolved, That this preamble minute and resolutions be spread upon the society minute book, and a copy be forwarded to the family of the deceased.

Daniel Strock, M. D.; Paul H. Markley, M. D.; Paul M. McCray, M. D.

KIRSTEN—At Jersey City, N. J., July 25, 1913. Dr. Augustus John Kirsten, from heart disease, aged 50 years. Dr. Kirsten graduated from the Long Island College Hospital, Brooklyn in 1895 and has practiced since then in Jersey City. He was a member of the Hudson County Medical Society, the Medical Society of New Jersey and the American Medical Association.

MCGEORGE—At Woodstown, N. J., August 12, 1913. Dr. Emerson P. McGeorge, aged 42 years.

MIDDLETON—At Camden, N. J., August 21, 1913. Dr. M. F. Middleton, a graduate of the Hahnemann Medical College in 1863, aged 71 years.

PARRY—At Camden, June 14, 1913. Dr. Edward Parry. (See page 101 July Journal). Dr. Edward Parry was born in Wales, April 11, 1866, and came to this country with his parents when he was twelve years old. They settled in Shenandoah, Pa., and at an early age the future doctor was employed as a slate picker in the mines; later he became a docking boss. Not satisfied with his environments at the age of twenty-one, he came to Philadelphia and took up the study of pharmacy and graduated with the degree of Ph.G.

Later he graduated from the medical department of the Medico-Chirurgical College, receiving the degree of M. D. His time was mostly occupied in the drug business, in which he was very successful.

Two years ago he was stricken with an attack of multiple neuritis, which completely disabled him and ultimately caused his death. Dr. Parry was a great sufferer, bearing his affliction with Christian fortitude. His display of patience was marvelous, and he will be mourned by a host of friends, and especially those whom he assisted in times of need. He died on the 14th day of June, 1913, leaving a wife and three children to mourn his loss. H. H. S.

TERRIBERRY—At Paterson, N. J., July 14, 1913. Dr. George Washington Terriberry, from heart disease, aged 73 years.

Dr. Terriberry was born in New Jersey in 1839. He graduated from the Bellevue Hospital Medical College in 1866. He was a member of the Passaic County Medical Society and the Medical Society of New Jersey. He lived nearly all his life in Paterson where he was very successful as a physician and surgeon. He was a man of fine physique and an ideal type of army surgeon. He was closely

associated with military affairs; he was a military cadet and in the later days of the civil war served as assistant surgeon in the Union army; from 1880 to 1909 he was a member of the National Guard of New Jersey, retiring with the honorary rank of brigadier-general. He was a brother of the late Dr. Calvin Terriberry. He is survived by a widow and two sons, one of the latter being Dr. William S. Terriberry, of New York City.

VAN DERVEER—At North Branch, N. J., July 30, 1913, Dr. James D. Van Derveer, aged 75 years. Dr. Van Derveer graduated from the College of Physicians and Surgeons, New York City in 1866.

VAN VRANKEN—At Passaic, N. J., August 25, 1913, Mrs. Gilbert Van Vranken, wife of Dr. Gilbert Van Vranken, of Passaic. She was a graduate from the St. Michael's Training School for Nurses, of Newark.

Personal Notes.

Dr. Louis N. Blank, Newark, has returned from Germany, where he spent two months.

Dr. J. Harvey Buchanan, Plainfield, was one of a crabbing party along the shore last month.

Dr. Sylvan G. Bushey, Camden, spent a few days in July at his old home in Wellsville, York County, Pa.

Dr. Charles F. Baker, Newark, and wife were registered in July at the New Breslin Hotel, Mt. Arlington.

Dr. Lucius F. Donohue, Bayonne, spent last month in Maine fishing and hunting and enjoying camp life.

Dr. Widmer E. Doremus, Arlington, and wife took a trip through Canada in July.

Dr. Britton D. Evans, Greystone Park, was registered at the New Breslin Hotel, Mt. Arlington, last month.

Dr. Alfred L. Ellis, Plainfield, and family spent the summer at Avon, N. J.

Dr. Edward S. Hawke, Trenton, spent the month of August with his family at the Hawke cottage at the seashore.

Dr. Walter A. Jaquith, Chatham, and wife spent the month of August at Ontario, Canada.

Dr. Charles M. Jennings, Merchantsville, and wife took a two weeks' trip up the Cumberland Valley last month.

Dr. James F. O'Connor, Kearny, is having a large house erected at Chestnut street and Garfield avenue, Arlington.

Dr. Richard R. Rogers, Trenton, attended a reunion of the old Washington School, Hamilton Township, Mercer County, where he was a pupil 75 years ago on August 2. He made an address, recalling some incidents and pupils of the past. He is now 89 years old.

Dr. Valentine Ruch, Englewood, enjoyed a two weeks' fishing trip at Portchester.

Dr. David St. John, Hackensack, recently had a narrow escape in a collision of his carriage with a trolley car, but escaped unhurt.

Dr. Charles J. Sullivan, New Brunswick, spent two weeks of July in Maine.

Dr. H. H. Tomlin, Wildwood, and wife spent the month of August in Maine.

Dr. William H. Shipp, Bordentown, and wife

have returned from a visit at Lake Minnawaska, N. Y.

Dr. Merrill A. Swiney, Bayonne, is to be congratulated on the latest arrival at his residence—a daughter.

Dr. Frank L. Martine, Newark, was registered in August at The Forest House, Lake Hopatcong.

Dr. Norton L. Wilson, Elizabeth, last month enjoyed an extended motor trip in the West.

Dr. Dowling Benjamin, Camden, has been suggested as the Progressive party's candidate for mayor of that city, and Dr. D. W. Blake, of Gloucester City, as an Assembly candidate.

Dr. William E. Cladek, Rahway, with a party of friends, has been on a fishing trip to Barnegat.

Dr. William H. Pratt, Camden, is suggested for coroner on the Republican ticket, and Dr. H. J. Goldstein on the Democratic ticket.

Dr. William J. Chandler, South Orange, spent a week during August in the West.

Dr. Henry A. Cotton, Trenton, and wife spent the month of August at Como, N. J. They occupied Judge Vroom's cottage.

Dr. Clement J. Hailperin, Newark, has been appointed instructor in dermatology at the University and Bellevue Medical College.

Dr. Abraham B. Jaffin, Jersey City, was registered last month at the Lake View Hotel, Mt. Arlington.

Dr. J. Anson Smith, Blackwood, and family spent two weeks last month at Atlantic City.

Drs. Walter A. Taylor and C. J. Slack, Trenton, spent two weeks last month in a fishing trip to North Pond, Me.

Dr. Benjamin Gutmann, New Brunswick, who is pursuing a special course of study in Vienna, was taken ill there last month, but has recovered. He expects to remain there till about the middle of September.

Dr. Fred W. Owen, Morristown, and wife are spending a few weeks at Watkins Glen, N. Y.

Dr. Alvah A. Swayze, Hackensack, and wife spent a few days in the Berkshires in August.

Dr. Ernest G. Hummell, Camden, spent a few days last month fishing along the southern Jersey coast.

Dr. Harry Vaughan, Morristown, occupied Rev. Mr. Winsdale's pulpit in Dover one Sabbath in August.

Dr. J. Floyd Bowman, Irvington, and family spent a few days at Keyport last month.

Dr. John F. Condon, Belleville, and family spent a few days at Ocean Grove in August.

Dr. Alex. Marcy, Jr., Riverton, writes from Budapest that he is exceedingly enjoying his trip abroad this year.

Dr. Ralph Opdyke, Montclair, and family spent the month of August in their bungalow at Smith's Cove, Nova Scotia.

Dr. Samuel E. Robertson, Newark, and wife have gone West for a few weeks for an extensive trip, taking in Montreal, Toronto, Chicago, Denver, Yellowstone Park and points in California.

Dr. Benjamin H. Rogers, Paterson, has been suggested as a candidate for mayor of that city on the Republican ticket this fall.

Dr. Leon T. Salmon, Lambertville, and family spent two weeks last month at Lock Haven, Pa., and the latter two weeks of their vacation at summer resorts along the Jersey coast.

Dr. Edgar K. Conrad, Hackensack, and wife had a narrow escape from serious accident in a collision of their auto with a milk wagon recently.

Dr. Gordon K. Dickinson, Jersey City, has a paper in the August 23d issue of the Medical Record on "The Uterine Syndrome."

Dr. Henry A. Henriques, Morristown, and family, who have been at Little Boar's Head, Maine, have returned home.

Dr. Alexander S. Ross, Camden, and wife spent a few days last month at Atlantic City.

Dr. Carl E. Sutphen, Newark, and family have moved from 181 Roseville avenue into their new home at Sussex and Roseville avenue.

Dr. John L. Taylor, formerly of Boonton, has moved to Chula Vista, California.

Dr. W. Homer Axford, Bayonne, and wife spent a week last month at Chester, N. J.

Dr. Hugh F. Cook, Newark, and wife recently returned from a three months' trip abroad.

Dr. George H. Franklin, Hightstown, occupied the pulpit of the Pitman M. E. Church, New Brunswick, on the evening of August 10.

Dr. Charles A. Rosenwasser, Newark, in an article in the Newark Evening News of August 8th, strongly urged a fusion of political parties for better government in Newark.

Dr. Edwin Field, Red Bank, is said to have given unsuccessful chase, in his pajamas, early one morning in August of a burglar who stole \$25 from his pantaloons pocket.

Dr. Frederick W. Flagge, Rockaway, has been suggested as a candidate for mayor on the Democratic ticket this fall's election.

Dr. Hugh H. Hart, Newark, surgeon of the city fire department, who was operated on in the Presbyterian Hospital, is recovering.

Dr. Charles C. Saulsberry, New Brunswick, and wife spent the month of August at the seashore.

Dr. Frederick C. Webner, Newark, and wife started August 9th on a trip to Yellowstone Park and the Pacific Coast.

articles written and presented for publication to the various medical journals during the year 1912." There is scarcely a surgeon in the country but can find one or more cases of especial interest to him personally. The book is well illustrated and gotten up in a style worthy of its well-known publishers.

DIET LISTS OF THE PRESBYTERIAN HOSPITAL, New York City. Compiled, with notes, by Herbert S. Carter, M. D., Assistant Visiting Physician to the Presbyterian Hospital, Associate in Medicine at Columbia University, etc. 12 mo of 129 pages. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, \$1.00 net.

The general physician will find herein many hints of practical value in his daily work.

MASSAGE—ITS PRINCIPLES AND TECHNIC. BY Max Bohm, M. D., of Berlin, Germany, Edited, with an introduction, by Charles F. Painter, M. D., Professor of Orthopedic Surgery at Tufts Medical School, Boston. Octavo of 91 pages, with 97 illustrations. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, \$1.75 net.

Every physician admits in general the beneficial effects of massage, but very few know how to apply it. The essentials of the method are herein put in such form that they can be easily understood and readily applied by any educated physician, the illustrations, numerous and most beautiful, are almost sufficient in themselves to teach the methods.

THE SURGICAL CLINICS OF JOHN B. MURPHY, M. D., at Mercy Hospital, Chicago. Volume II., Number III. (June, 1913). Octavo of 185 pages, 62 illustrations. Philadelphia and London: W. B. Saunders Company, 1913. Published Bi-Monthly. Price per year: Paper, \$8.00. Cloth, \$12.00.

This volume, like its predecessors, is full of interesting cases and many practical suggestions to the busy surgeon.

Book Reviews.

BLOOD-PRESSURE, FROM THE CLINICAL STAND-POINT. By Francis Ashley Faught, M. D., of the Medico-Chirurgical College, Philadelphia. Octavo of 281 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1913. Price \$3 net.

In these days when almost every "up-to-date" physician uses a sphygmomanometer it is quite necessary to have in a concise form a description of the instrument; factors influencing blood-pressure; the relation of blood-pressure to athletic life and to different disease conditions, etc., etc. All these things and much more are interestingly stated in Dr. Faught's book.

COLLECTED PAPERS BY THE STAFF OF ST. MARY'S HOSPITAL (Mayo Clinic) for 1912. Octavo of 842 pages, 219 illustrations. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, \$5.50 net.

The value of this volume grows from year to year. This, the sixth volume, contains "the

THE PRACTICAL MEDICINE SERIES COMPRISING ten volumes on the year's progress in medicine and surgery. Under the general editorial charge of Gustavus P. Head, M. D., and Charles L. Mix, A. M., M. D. Volume I., General Medicine, by Frank Billings, M. S., M. D., head of the Medical Department of Rush Medical College, and J. H. Salisbury, A. M., M. D., Professor Medicine, Chicago Clinical School. Series 1913. Vol. II., General Surgery, by John B. Murphy, A. M., M. D., LL.D., Professor Surgery in Northwestern University, etc., etc. Series 1913.

Vol. III., The Eye, Ear, Nose and Throat. Edited by Casey A. Wood, C. M., M. D., D. C. L., Albert H. Andrews, M. D., and Gustavus P. Head, M. D. Series 1913.

IV., Gynecology. Edited by William C. Dudley, A. M., M. D., professor gynecology, Northwestern Med. Sch., Chicago, and Herbert M. Stowe, M. D., attending obstetrician to Cook County Hospital. Series 1913. The Year Book Publishers, 327 S. LaSalle St., Chicago.

These volumes constitute a little library each

year, containing an epitome of the advances in medical knowledge during the preceding twelve months.

A PRACTICAL TREATISE ON THE CAUSES, SYMPTOMS and Treatment of Sexual Impotence and Other Sexual Disorders in Men and Women. By William J. Robinson, M. D., Chief of the Department of Genito-Urinary Diseases and Dermatology, Bronx Hospital; Editor American Journal of Urology; Editor and Founder of Critic and Guide; Author of *Never Told Tales*, etc. \$3.00, net.

The appearance of a second edition of this work and the rapid exhaustion of the first edition indicates its popularity. Dr. Robinson is nothing if not a forceful writer. His object is always practical utility. His is the most concise and yet thorough book on this subject in the English language.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined	Passed	Failed
Arizona, April.....	9	5	4
Arkansas, May.....	78	56	22
Arkansas, eclectic.....	20	18	2
Georgia, May.....	146	129	17
Louisiana, June.....	67	53	14
Massachusetts, March.....	57	32	25
Nebraska, May.....	62	60	2
New Jersey, June*.....	43	39	4
New Mexico, April.....	12	12	0
Utah, January.....	8	6	2
Utah, April.....	6	6	0
Utah, July.....	8	7	1

* There were 18 applicants for examination in chiropody before the New Jersey Board, only 8 of whom passed and 30 applicants for midwifery examination, of whom 23 passed. There were 190 osteopaths registered without examination under the three months clause of the osteopathic bill passed by the last legislature. Among the licentiates for medical license there were 7 homeopathic and 1 eclectic physicians.

It was decided by the board not to accept Columbia School of Midwifery graduates for examination.

For the benefit of young men who contemplate entering medical schools the coming season we quote the following rules of our board of examiners in order to save them trouble and disappointment in the future:

"The board will not consider a course of lectures in which the applicant has been conditioned in more than one subject satisfactory, unless these conditions shall have been passed off before entering a subsequent course. If the student be conditioned in a number of subjects sufficient to prevent him from advancing to a higher grade in the same college, that year will not be considered as one of the four courses required by this board, even though at another college he be allowed to enter an advanced class; but he must take that entire year over, whether at the college where he failed or at another one.

"A student who graduates from a school which was in good standing at the time of the issuance of his diploma will be eligible for examination or indorsement. Should the rating of a school be changed before the comple-

tion of his course, the student will be given full credit for all years completed before that time; and for the remaining years such credit as shall be determined by this board."

It will be seen by these rules that it will be wise for young men who contemplate entering upon the study of medicine to choose a first-class medical school and to concentrate their thoughts and time on their studies.—Editor.

New Medical Practice Act in Arizona.

The new medical practice act for Arizona creates a composite board of five members, to wit: two regulars, one homeopath, one eclectic and one osteopath. Three forms of certificates are provided for as follows: a certificate to practice medicine and surgery, one to practice osteopathy, and one to practice any other system of healing. All applicants must file the diploma of the school from which they graduated with the board and must submit to an examination in the fundamental subjects. The act does not provide for reciprocity. It specifies the procedure under which a charge of "unprofessional conduct" may be tried, and defines "unprofessional conduct." Treatment by prayer and the like is exempted under the act.

Public Health Items.

Health of the Canal Zone.

The report of the Department of Sanitation of the Isthmian Canal Commission for the month of May, 1912, gives the number of deaths from all causes among employees as 38, of which 27 were due to disease and 11 to violence, equivalent to an annual average death rate per thousand of 7.63.

Millville Board of Health.

At the meeting of the Board of Health appointed by the City Commissioners of Millville, held July 7th, Dr. John W. Wade was re-elected president and Dr. H. Garrett Miller, board physician.

Dr. Wade, in assuming the presidency, said: "It is our purpose and duty to work together for efficiency. Each individual member is expected to constitute himself an active, aggressive health inspector—look about home and encourage others to assist him in discovering conditions which endanger the health of the citizens. One of the objects of the board is to establish a system of garbage collection and with this work should be included the removal of rubbish, not only from every back yard and open lot, but especially from the sidewalks, gutters, alleys and highways. In this matter every decent citizen will co-operate. The best way to get at dirt is to get after dirty people.

"Next in importance to removal of garbage and rubbish is the prevention of street dust. We should as a committee of the whole, bound by our oath of office, personally and officially, seek an early conference with the trolley officials and other causative factors in order to obtain relief for those people who are annoyed and whose health is endangered by the unnecessary and unwarranted quantities of germ-laden street dust set in motion by the frequent pass-

ing of cars, automobiles and other vehicles. An ordinance should be passed requiring all carpets, rugs, etc., to be taken out of the city to be beaten and cleaned. The practice of renovating these articles within the built-up portion of the city may have been and may be the hitherto unsuspected cause of many cases of illness."

Mosquito Extermination in New Jersey.

A reporter recently asked Dr. Thomas J. Headlee, State entomologist, in his office at New Brunswick, "How much money has New Jersey spent to wipe out the mosquito pest?" He replied, "Speaking in round numbers, I should say, exclusive of this year's appropriations, about \$200,000."

The reporter asked: "And with what results?" Dr. Headlee replied: "The taxable valuation of the shore property from Jersey City to Monmouth Beach has increased \$5,500,000 in the last ten years while this work of mosquito extermination has been going on," he replied, "and the increase is largely due to the work. The heaviest increase has been in the residential sections, in some instances running as high as 300 per cent."

"Are there fewer mosquitoes this year than before?" he was asked.

"There is absolutely no comparison in the amount of mosquito trouble this year and those years preceding the effective anti-mosquito work."

"Are the counties of the State co-operating with you under the authority given to them by the law providing for the establishment of County Mosquito Extermination Commissions?"

"This year Hudson, Essex, Union and Atlantic counties are engaged in a serious effort to prevent the breeding of the fresh water species of mosquitoes. Although there has been in northeast New Jersey an extra bad season for mosquitoes, Essex and Hudson have had comparatively few, while Union and Atlantic have had practically none."

"We are dealing with two phases of the work," he continued. "One concerns drainage of the salt marshes, which will get rid of the salt marsh mosquito, which migrates forty miles inland. The work is under the direction of the State. Already we have proceeded from the north as far south as a few miles below Barnegat. Such mosquitoes as escape from this drained area, which is not one-tenth of 1 per cent. of those that escaped before drainage, breed in areas incompletely ditched or in areas where the ditching system has become blocked. As a result of many years of experimenting with methods for salt marsh control, the late Dr. John B. Smith adopted a method of cutting open ditches, so connecting all pools on the salt marsh with creeks and ditches opening into the ocean that the water in them would rise and fall with the tide. This prevents the mosquito wrigglers from reaching maturity. If the pools are shallow they are laid dry at low tide and the just-hatched wrigglers killed by exposure. If deep the killie fish make their way into them and devour the wrigglers as they hatch. This drainage has relieved the whole shore."

"While the principle salt marsh species invade the lawns and porches, it is the fresh

water species that get into the homes and spoil sleep. The extermination of this species rests with the counties themselves."

This year the State has appropriated \$25,000 for the salt marsh work, and the counties have raised about \$140,000 for the war on the fresh water species.

Millions Mosquitoes and Malaria.

(From Collier's Weekly, August 9th.)

Six months ago we wrote of Greenwich, Conn., its wealth in money and mosquitoes, and its 900 cases of malaria last season, every one of them due to the bite of *The Lady Anopheline*. A striking contrast may be drawn between Greenwich and the South Carolina town of Hartsville. Monetary statistics are not at hand, but we imagine that Hartsville boasts few millionaires, perhaps none at all; possibly Hartsville would be as much staggered by the appearance of a millionaire "in its midst" as it would by that of the dodo or the *Ornithorhynchus paradoxus*. But manifestly this southern community has the grit and resourcefulness which make very fair substitutes for wealth. Its health board has from time to time distributed among all its citizens circulars telling what must be done to exterminate mosquitoes and to render the community malaria free. Then its authorities have surveyed the entire city, and in a neighborly spirit (the good of all being the object sought) have supervised the breeding grounds—especially back yards. Last year Dr. W. Egleston, the health commissioner, reported malaria, though prevalent a decade ago, to have become locally almost negligible. And Hartsville folk spend their summer evenings on screenless porches without the least provocation to scratch themselves. The contrast of Greenwich and Hartsville conditions has nation-wide interest, for there are many American communities now malaria rife which need not find mosquito extermination as insuperable task. Large sums of money are not needed; only determination, rational action, and the right civic spirit. The pecuniary expenditure should be but a small fraction of what it costs to pay doctor's bills and to make up for the losses due to this disease when it is once established—to say nothing of the business depression in a community which gets the reputation of being "malarial."

Vital Statistics for 1912.

The mortality tables of the principle cities of the world for 1912, which have just been issued give the record for a low death rate to Amsterdam which reported 10.04 deaths per one thousand of population. Charlottenburg and Dusseldorf are next, with 11.21 and 11.94 respectively, though both of these cities have a comparatively high infant mortality. Of the larger cities, London had a death rate of 13.52, Hamburg of 13.58, New York of 14.11, Berlin of 14.39 and Paris of 16.38. In United States, Minneapolis, had the lowest death rate, 10.57 per thousand, while Washington, Baltimore and New Orleans reported rates of over 17 per thousand, the presence of large numbers of negroes in these cities being given as the cause.

In the table of infant mortality, Stockholm has the lowest rate, 82 per thousand of births, London is next with 90, and New York has 105,

the lowest in its history. Berlin has a high infant mortality, 142.9 per thousand.

Chicago High Schools and "Personal Purity."

Despite the protest of parents, "personal purity" courses will be part of the high school curriculum in the Chicago public schools, when the fall term opens, the Board of education announced July 9th. Children whose parents object to sex teachings will be excused from attendance at the classes.

Separate classes will be provided for boys and girls and if the courses prove successful they may be established in the elementary schools.

The board sanctioned the suggestion of Mrs. Ella Flagg Young, superintendent of schools, by a vote of 11 to 2, after the original resolution had been changed to read "Personal Purity" lectures instead of "Sex Hygiene."

Mental Hygiene; Its Importance as a Study.

It is not surprising to be told that too little attention has been given to our most important organ—the brain—and in a late London lecture Dr. F. W. Mott has given expression to the fairly obvious in urging that great possibilities for the future of the human race are offered by the study of mental hygiene.

As the mentally defective are better not born, their early segregation is important. The brain is a most complex structure, and its grey matter has as many as 7,000 million nerve cells. The organ has such extraordinary protection, however, that even during starvation it scarcely loses weight.

In its growth the weight of the brain increases rapidly during the first three years from birth; then the increase becomes slower, and ceases entirely between the ages of sixteen and eighteen. In old age there is more or less decrease.

Inborn germinal defect may be the cause of feeble-mindedness, or it may be due to conditions before, at or after birth, such as lead-poisoning, alcoholism, falls, the absence of the thyroid gland, and so on.

The Health of London School Children.

Only in the last few years has the law required every child attending an elementary school to be physically examined on entering and leaving and, therefore, statistics on the health of school children in England are only now available. About a million and a half of children are examined annually. The report of Sir George Newman, chief medical officer of the Board of Education for 1911, has just been issued. It shows the condition of 186,652 children in thirteen counties and sixteen urban areas and is far from satisfactory. Only in one urban area did the percentage of "good" nutrition reach 45 and from this figure it ranged down to as low as 3.8. Of 200,000 children examined in London more than half were found to be defective and over 78,000 were recommended for treatment. The malnutrition is due in the great majority of cases to ignorance of the relative value of food-stuffs and the means of using them economically and only in the minority to poverty. About 0.5 per cent. of the children are feeble-minded and of these about one-seventh are of

such low grade as to be uneducable. A summary of the report appears in the London letter in a recent number of The Journal of the American Medical Association.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, June, 1913.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending June 10, 1913, was 3,138. By age periods there were 499 deaths among infants under one year, 270 deaths of children over one year and under five years, and 1,027 deaths of persons aged sixty years and over.

The total number of deaths registered is 176 less than the preceding month. The only cause of death greatly above the usual monthly average is suicide, with 45 deaths, which is the highest number reported since August, 1911.

The following shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending June 10, 1913, compared with the average for the previous twelve months, the previous twelve months averages are given in parentheses:

Typhoid fever, 14 (25); measles, 25 (20); scarlet fever, 29 (18); whooping cough, 34 (21); diphtheria, 45 (46); malarial fever, 1 (2); tuberculosis of lungs, 349 (307); tuberculosis of other organs, 65 (44); cancer, 167 (170); diseases of nervous system, 269 (349); diseases of circulatory system, 458 (433); diseases of respiratory system, (pneumonia and tuberculosis excepted), 217 (199); pneumonia, 262 (243); infantile diarrhoea, 71 (198); diseases of digestive system, (infantile diarrhoea excepted), 185 (198); Bright's disease, 264 (245); suicide, 45 (34); all other diseases or causes of death, 638 (639); total, 3,138 (3,191).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for diagnosis examined:

Specimens received from suspected cases of diphtheria, 375; tuberculosis, 494; typhoid fever, 244; malaria, 49; miscellaneous specimens, 85; total, 1,247.

Division of Food and Drugs.

During the month ending June 30, 1913, 434 samples of food and drugs were examined in the State Laboratory of Hygiene. The following were found to be below standard:

Seven of the 251 of milk; 1 of the 6 of butter; 3 of the 49 of cream; 2 of the 3 of Jamaica ginger; 1 of the 2 of lemon extract; 1 of the 2 of vanilla extract; 1 of the 18 of vinegar; 1 of the 2 of bay rum; 1 of the 6 of citrate magnesia; 1 of the 4 of hair tonic; 3 of the 11 of lime water; 2 of the 4 of paregoric; 2 of the 3 of tincture of iodine; 3 of the 4 of tincture opium; the 2 of reduced iron; the 3 of quinine pills; the 1 each of veal carcass, hydrogen peroxide.

The following were all above standard: All 6 of whiskey; the 2 each of cocoa, coffee substitute, maple syrup and syrup ipecac; the 25 of coffee; the 3 of molasses; the one each of cheese, chocolate, gluten flour, oleomargarine,

olive oil, Zoolak, Columbia spirits, complexion wafers, compound ginger, cough remedy, glycerol, extract ipecac, listerine, milk sugar, spirits camphor and witch hazel.

Three hundred and nine samples of water were examined in relation to oyster work. 54 samples of sewage were examined in relation to oyster work. 55 samples of sewage were examined in relation to oyster work.

Division of Creameries and Dairies.

During the month 456 inspections were made as follows:

DAIRIES INSPECTED.

Total number of dairies inspected, 193; number scoring above 60 per cent. of the perfect mark, 95; number scoring below 60 per cent. of the perfect mark, 95; number relinquishing the sale of milk, 3; dairies from which the sale of milk was prohibited by action of the Board, 7; dairies given a time limit to improve sanitary conditions on their premises, 6; stables disinfected after killing and removing tuberculous animals, 5.

CREAMERIES INSPECTED.

Total number of creameries inspected, 27; creamery licenses recommended, 4; creameries given a limited time to improve sanitary conditions, 3; milk depots inspected, 9.

ICE CREAM FACTORIES INSPECTED.

Number of ice cream factories inspected, 227; ice cream factory licenses recommended, 60; ice cream factory licenses refused, 5; ice cream factories given a limited time to improve conditions, 6.

Inspections were made at the request of the following local boards of health: Asbury Park, Atlantic City, Atlantic Highlands, Belleville, Bound Brook, Burlington, Collingswood, Dover, Fair Haven, Gloucester City, Jersey City, Long Branch and Woodbury.

During the month ending 30, 1913, inspections were made in 80 cities and towns, the largest number in any single city have been 7 in Atlantic City, 4 in Bridgeton, 7 in Camden, 5 in Elizabeth, 10 in Jersey City, 4 in Lodi, 8 in Newark, 17 in Red Bank and 3 in Trenton.

The following articles were examined during the month, but no samples were taken: Milk, 566; butter, 307; food, 1,122; drugs, 1,086.

Other inspections were made as follows: Milk wagons, 188; milk depots, 38; grocery stores, 319; drug stores, 87; confectionery stores, 10; bakeries, 17; creameries, 2; egg-breaking establishments, 3; meat markets, 16; produce stands, 32; slaughter houses, 44; cold storage warehouses, 19; canning factories, 25; pickling establishments, 1.

MEAT INSPECTIONS.

Beef, 1 passed; calves, 48 passed, 1 condemned.

Division of Foods, Drugs, Sewerage and Water

Total number of samples analyzed in the water laboratory, 188; public water supplies, 87; special public water supplies, 61; proposed public water supplies, 3; State institution water supplies, 3; private water supplies, 16; bottled water supplies, 5; dairy water supplies, 2; trade wastes, 1; sewage samples, 10.

INSPECTIONS

Water supplies and water purification plants inspected at Allentown, Asbury Park (Monmouth County Water Company), Basking Ridge, Bridgeton, Burlington, Clementon, Elizabeth, Gloucester, 3; Laurel Springs, Long Branch, Longport, Moorestown, Mount Holly, New Brunswick, New Milford, Phillipsburg, Rahway, Raritan, 2; Roebing, Skillman (State Village for Epileptics), Woodbury, Yardville.

Bottled water supplies inspected at Hamilton Township, New Brunswick (Crystal Spring Water), Philadelphia, Pa. (Purock Water), West Orange (Rock Spring Water), White Horse.

Ice manufacturing plants inspected at Ocean City (Consumer's Ice Company).

Sewage disposal plants and sewerage systems inspected at Atlantic City, Bordentown, 4; Bridgeton, 3; Burlington, 2; Collingswood, Hammonton, Homestead, Hopewell, Island Heights, Jamesburg (State Home for Boys), Longport, 2; Merchantville, 3; Millville, (Millville Manufacturing Company), New Brunswick, Pemberton, Pleasantville, Princeton, 6; Rahway, 2; Red Bank, 12; Riverside, 2; Roebing, Seaside Park, Sewaren, South Amboy, South River, Trenton (I. O. O. F. Home), Wenonah, Westfield, Woodbridge (Sewaren Realty & Investment Company), Wortendyke (Granite Linen Mills).

Stream inspections on the Cohansey River, Delaware River and tributaries, Elizabeth River, Hop Brook, Lake Hopatcong and tributary, Maurice River and tributary, Passaic River and tributary, Pequannock River and tributary, Pequest River, Rahway River and tributaries, Raritan River and tributaries, Rockaway River and tributary, Shark River, South River, Whippany River and tributaries.

Number of stream pollutions reported, 203; reinspections of stream pollutions made, 158; stream pollutions found abated, 58; notices to cease pollution issued, 34; cases referred to the attorney general, 19; plans for sewage disposal plants, sewerage systems and extensions approved, 22; plans for sewage disposal plants, sewerage systems and extensions disapproved, 1; plans for water supply systems approved, 2; bottled water supplies approved, 4.

JULY, 1913, STATEMENT.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending July 10, 1913, was 3,028. By age periods there were 584 deaths among infants under one year, 253 deaths of children over one year and under five years, and 885 deaths of persons aged sixty years and over.

The total number of deaths for the month is below the monthly average for the past twelve months, but higher than the corresponding period during the past two years.

The greatest increase is shown in deaths from diseases of the circulatory system, as follows:

Dis. of cir. system, July, 1910, 353; 1911, 316; 1912, 354; 1913, 458.

The following shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending July 10, 1913, compared with the average for the previous twelve months:

Typhoid fever, 16 (25); measles, 21 (18); scarlet fever, 22 (19); whooping cough, 37 (22); diphtheria, 40 (46); malarial fever, 1 (2); tuberculosis of lungs, 281 (307); tuberculosis of other organs, 51 (44); cancer, 193 (169); diseases of nervous system, 292 (341); diseases of circulatory system, 458 (433); diseases of respiratory system, (pneumonia and tuberculosis excepted), 148 (201); pneumonia, 154 (248); infantile diarrhoea, 189 (199); diseases of digestive system, (infantile diarrhoea excepted), 199 (198); Bright's diseases, 236 (245); suicide, 36 (35); all other diseases or causes of death, 654 (642). Total, 3,028 (3,194).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological examination:

Specimens examined from suspected cases of diphtheria, 281; tuberculosis 471; typhoid fever, 324; malaria, 36; miscellaneous specimens, 90; total, 1,202.

Division of Food and Drugs.

During the month ending July 31, 1913, 723 samples of food and drugs were examined in the State Laboratory of Hygiene.

The following samples were found to be below standard:

Seventy-five of the 525 milk samples; 1 of the 114 of cream; the 1 each of brandy, olive oil, Nu Food; 3 of the 6 of Fowler's solution; 4 of the 7 of headache remedies; 3 of the 10 of lime water; the two each of syrup of ipecac and tincture iodine.

The following samples were found to be above standard:

The 2 each of condensed milk, canned rhubarb, tissue of cow's stomach, white vinegar; the 13 of coffee; the 1 each of hamburger steak, ice cream, cow's kidney, catarrh tablets, rum, cold tablets, liquid peptonoids, milk sugar, paregoric, preservaline, syrup of tamarinds and wild cherry tonic; the 4 of canned peas; the 3 each of canned pineapple and hair tonic; the 10 of turpentine.

Thirty-three suits were instituted in cases where samples were found to be below standard, 31 of them against milk dealers.

Seven hundred and seventy-one samples of oysters were examined, collected from various oyster beds; 147 samples of water were examined, collected from various oyster beds; 30 samples of sewage effluent were examined in relation to oyster work; 2 samples of sewage were examined in relation to oyster work.

Division of Creameries and Dairies.

During the month of July 462 inspections were made as follows:

Two hundred and fifty-three dairies; 22 creameries; 18 milk depots; 169 ice cream factories.

Number of dairies scoring above 60 per cent. of the perfect mark, 115; dairies scoring below 60 per cent. of the perfect mark, 136; dairies relinquishing the sale of milk, 2; creamery licenses recommended, 1; ice cream factory licenses recommended, 39.

On ten dairy premises the unsanitary conditions were found to be of such a character that the milk produced and handled thereon was subject to contamination. The owners were given definite time limits in which to correct

the defects reported and improve their methods in handling milk. Reinspections of most of these places showed that the owners had realized the imperfections referred to, and heartily co-operated with the officers of the board in improving their milk supplies.

The production of milk on one dairy in which carcasses of dead animals were also handled, was prohibited. It was necessary during the month to exclude the milk of six dairies on account of very unsanitary conditions prevailing on the premises, and the impossibility of safeguarding the milk produced thereon.

The Commission on Tuberculosis in Animals reported to the State Board of Health nineteen stables in which tuberculous dairy cattle were slaughtered, and instructions were given to the owners to prepare their stables for disinfection. Officers of the board have supervised the disinfection of ten stables, and days have been set for the disinfection of the other nine. The owners have been notified not to add any more cattle to their herds until the stables have been thoroughly cleaned and disinfected.

Ten ice cream manufacturers were refused license by the board on account of the extremely unsanitary condition of their premises. The manufacture of ice cream was prohibited and the places closed. Six other manufacturers were given a definite time in which to improve their methods and the structural condition of their factories. One of these dealers did not comply with the requirements within a specified time, and the manufacture of ice cream was prohibited.

During the month ending July 31, 1913, 222 inspections were made in 98 cities and towns. The following were the largest number in any one town: Asbury Park, 6; Atlantic City, 8; Bridgeton, 5; Camden, 7; Elizabeth, 4; Hoboken, 6; Jersey City, 14; Long Branch, 4; Newark, 8; Newton, 4; Red Bank, 17; Trenton, 15; Union Hill, 4, and Bradley Beach, Franklin Furnace, Paterson, Phillipsburg, Plainfield, Sea Girt, Spring Lake and West Hoboken each 3.

The following articles were inspected during the month, but no samples were taken: Milk, 1,044; butter, 221; food, 666; drugs, 170.

Other inspections were made as follows: Milk wagons, 369; milk depots, 36; grocery stores, 223; drug stores, 18; confectionery stores, 3; produce stands, 618; slaughter-houses, 51; meat markets, 21; canning factories, 29; cold storage warehouses, 22; restaurants, 8.

Meat Inspections.

Hog carcasses, 3; cattle, 24; 1 condemned; calves, 10.

During the past two months the Division of Food, Drugs, Water & Sewerage has been actively engaged in attempting to prevent the exposure of perishable foods outside of retail grocery stores and meat markets in violation of the law. Foods are improperly exposed in almost every city of this State, and the Division is now gathering evidence against violations of this character, which will be used as a basis for prosecution of offenders.

The following shows the cities and towns in which inspections have been made and the number of violations discovered upon which notices have or will be sent. It also shows the number of reinspections made up to date. Persons found, on reinspection, to be still

violating the law, after having been notified, will be sued. The number of suits already authorized against persistent violators is also shown:

Violations discovered, 169, as follows:

Asbury Park, 11; Atlantic City, 6; Atlantic Highlands, 4; Bayonne, 47; Bergen Point, 2; Bridgeton, 3; Camden, 67; Cape May, 2; Cliffside, 4; Hoboken, 126; Jersey City, 203; Elizabeth, 51; Guttenberg, 3; Highlands, 4; Morristown, 6; Ocean City, 10; Phillipsburg, 4; Trenton, 112, with 79 reinspections; Union Hill, 16; Washington, 6; Weehawken, 9; Wildwood, 13. Forty-one suits have been instituted against Trenton dealers.

Division of Food, Drugs, Water and Sewerage.

Total number of samples analyzed in the Water Laboratory, 280; public water supplies, 128; special public water supplies, 54; proposed public water supplies, 1; State institution water supplies, 4; private water supplies, 23; dairy water supplies, 1; ice samples, 2; sewage samples, 61; trade wastes, 3; miscellaneous samples, 3.

Inspections.

Water supplies and water purification plants inspected at Bernardville, 2; Bound Brook, Burlington, Butler, 2; Dover, 2; Elizabeth, Flemington, 2; Haledon, Lambertville, Long Branch (Midletown Township and West End plants), 2; Longport, Margate City, Midland Park, 2; Millville (Millville Water Company), Moorestown, Newark, 2; Oradell, Roebling, 3; Skillman (State Village for Epileptics), Wildwood, 2.

Watershed inspections at Atlantic City, Mount Holly, Newark, Pleasantville.

Inspections of ice supplies and plants at Lake Grinnell, Trenton (Consumers' Ice Company).

Sewage disposal plants and sewerage systems inspected at Asyla (Camden County Institutions), Atlantic City, Audubon, Beach Haven, Bordentown, Brown's Mills, Caldwell (Essex County Penitentiary), Cape May City, Cape May Point, Carlstadt, Collingswood, Essex Fells, Grenloch (Bateman Manufacturing Company), Longport, 2; Margate City, 2; Merchantville, Moorestown, Overbrook (Essex County Hospital), Princeton, Ridgewood, Sewell Point, Trenton, Trenton (Agasote Millboard Company and I. O. O. F. Home), Verona (Newark City Home), Ventnor, 2; Wenonah.

Stream inspections on the Delaware River and tributaries, Elizabeth River, Great Egg Harbor River, Green Pond, Lake Grinnell, Millstone River and tributary, Mullica River, Passaic River and tributary, Pequannock River, Rahway River and tributaries, Raritan River and tributaries, Rockaway River and tributaries, Saddle River and tributary, Shark River, South River, Whippany River and tributary.

Number of stream pollutions reported, 55; reinspections of stream pollutions made, 94; stream pollutions found abated, 21; notices to cease pollution issued, 4; cases referred to the Attorney General, 41; plans for sewage disposal plants, sewerage systems and extensions approved, 15; plans for water supply systems approved, 2; plans for water supply systems disapproved, 1.

NEW AND NON-OFFICIAL REMEDIES.

Since June 2 the following articles have been accepted for inclusion with New and Non-Official Remedies:

Luminal tablets, 1½ gr., Merck (Merck & Co.).

Luminal tablets, 5 grs., Merck (Merck & Co.).

Emetine hydrochloride, Merck (Merck & Co.).

Ampuls emetine hydrochloride, Mulford (H. K. Mulford Co.).

Agglutinating serum for the identification of bacillus typhosus (H. K. Mulford Co.).

Agglutinating serum for the identification of bacillus typhosus, A (H. K. Mulford Co.).

Agglutinating serum for the identification of bacillus typhosus, B (H. K. Mulford Co.).

Acne vaccine (Greeley Laboratories).

Colon vaccine (Greeley Laboratories).

Gonococcus vaccine (Greeley Laboratories).

Meningococcus vaccine (Greeley Laboratories).

Pneumococcus vaccine (Greeley Laboratories).

Pyocyaneus vaccine (Greeley Laboratories).

Staphylococcus albus vaccine (Greeley Laboratories).

Staphylococcus aureus vaccine (Greeley Laboratories).

Streptococcus vaccine (Greeley Laboratories).

Tuberculin B. E. (Greeley Laboratories).

Typhoid bacillus vaccine (Greeley Laboratories).

For reasons explained in the report of the Council (Jour. A. M. A., June 21, 1913, p. 1974) the Council has voted to reconsider the acceptance of and to omit the following from New and Non-Official Remedies:

Thiocol, Roche (Hoffman-LaRoche Chemical Works).

Syrup thiocol, Roche (Hoffman-LaRoche Chemical Works).

At the request of the manufacturer the Council has voted to reconsider the acceptance of and to omit the following from New and Non-Official Remedies:

Diphtheria antitoxin, U. S. P., Stearns (F. Stearns & Co.).

Since publication of New and Non-Official Remedies, 1913, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies":

Magnesium perhydrol—A name applied to magnesium peroxid (see New and Non-Official Remedies, 1913, p. 185). Merck & Co., New York.

Magnesium perhydrol, 25 per cent.—A mixture consisting essentially of magnesium peroxid, magnesium oxid with water of hydration, containing not less than 25 per cent. of magnesium peroxid. Its properties, actions and uses are the same as those for magnesium peroxid. Merck & Co., New York.

Magnesium perhydrol, 25 per cent. tablets, 7½ grs.—Each tablet contains magnesium perhydrol, 25 per cent., 0.5 Gm. Merck & Co.

Luminal—(For properties, actions and uses see Jour. A. M. A., May 17, 1913, p. 1541). Farbenfabriken of Elberfeld Co., New York.

Luminal tablets $1\frac{1}{2}$ grs.—Each tablet contains luminal 0.1 Gm. Farbenfabriken of Elberfeld Co., New York.

Luminal tablets, 5 grs.—Each tablet contains luminal 0.3 Gm. Farbenfabriken of Elberfeld Co., New York.

Luminal-Sodium—(For properties, actions and uses see Jour. A. M. A., May 17, 1913, p. 1541). Farbenfabriken of Elberfeld Co., New York (Jour. A. M. A., June 7, 1913, p. 1792).

Solution amylene-chloral (50 per cent.) Kalle—A 50 per cent. solution of amylene chloral, a combination of chloral with amylene hydrate. It is soluble in alcohol, but insoluble in water. Its actions are much like those of chloral, but with less power to abolish the reflexes and less irritating. Merck & Co., New York (Jour. A. M. A., June 14, 1913, p. 1881).

Pituitary liquid—Pituitary liquid is a sterile solution containing the active principle of the posterior lobe of the pituitary body of the ox. Each cubic centimeter represents 0.2 Gm. of the fresh posterior lobe of the pituitary body in physiologic salt solution. It is said to be useful in cases requiring stimulation of the heart or raising of the arterial tension. It is claimed to be valuable in paralytic distension of the intestines and in post-operative and other pareses as well as in promoting uterine contractions during labor. It is supplied as Ampoules Pituitary Liquid, 1 Cc. Armour & Co., Chicago, Ill. (Jour. A. M. A., June 21, 1913, p. 1957).

The following are supplied by Lederle Antitoxin Laboratories: Acne Vaccine; Pertussis Vaccine; Meningococcus Vaccine; Coli Vaccine, 20 Cc. vials; Gonococcus Vaccine, 20 Cc. vials; Pneumococcus Vaccine, 20 Cc. vials; Staphylococcus Vaccine, 20 Cc. vials; Staphylococcus Aureus Vaccine, 20 Cc. vials; Streptococcus Vaccine, 20 Cc. vials; Typhoid Vaccine, 20 Cc. vials; Tetanus Antitoxin, H. M. Alexander & Co.; Digipuratum Ampules, Knoll & Co.; Digipuratum Solution for Oral Use, Knoll & Co.

Thoughts for the Thoughtful.

If you have a task worth doing.

Do it now!

In delay there's danger brewing.

Do it now!

Don't be a "by-and-byer"

And a sluggish patience-trier;

If there's anything you would acquire,

Do it now!

—Nixon Waterman.

"A drop of ink may make a million think."

—Byron.

Are there no more worlds to conquer? Have these men who have gone before absorbed all the earthly glory? Go ask the judges who awarded last year's Nobel Prize and they will say they gave it to one of the medical men of to-day, to Carrel, whose delicate stitching together of the blood-vessels may make it possible some day to assemble a human body from the dismembered fragments of others.

Does the crusade against the great international evil, syphilis, stop at mercury and iodids? Along comes Ehrlich with his mastery of syn-

thetic chemistry and with a single application eradicates the disease. * * *

No, the door of opportunity is not closed. Two brothers found it ajar in an obscure town in Minnesota and the entire surgical world pays homage to the Mayos. Do the French give up the construction of the Panama Canal because of the ravages of tropical diseases? Along comes Gorgas and builds it with mosquito netting.

I have said that no man can speak for the future. I have alluded to the past, but we dwell in the present, and so, with due reverence for those who have gone before and looking forward with even greater expectations to those who are yet to come, we can feel that those of our day and generation have nobly carried forward the banner of progress, and that the illustrious past is ably sustained by the medical men of to-day.—Dr. George A. Zeller, Peoria, Ill.

Learn to Live.

It is by the real that we exist. It is by the ideal that we live. Would you realize the difference? Animals exist; man lives. To live is to understand. It is to be able to see over the wall of the future. To live is to have justice, truth, reason, devotion, probity, sincerity. To live is to know what one can do and should do. Life is conscience.—Victor Hugo.

Making Life Pay.

A man should once for all understand that if he wishes to live life at its full he must be constantly working and as constantly improving on his work; that the work of yesterday, no matter how good it was, should have been improved upon in that of to-day. Progress is eternal. There is no finality; there is no ultimate, but an ever ascending scale wherein life is ever becoming renewed.—Dr. William Brodie Patterson.

The Secret of Personality.

We often speak of people who have personality, and sometimes we wonder what the secret is. Is it not merely a repetition of the old principle that "he who would save his life must lose it?"

The measure of personality is the degree of self-forgetfulness to which a man or woman has attained. You have only to call to mind such names as Abraham Lincoln, Florence Nightingale, David Livingstone to know that this is true.

Egotism and selfishness, the hall-marks of a small nature, will not stay when crowded about by loving-kindness.

Are you sad, neglected? Go find some one whom you can cheer.

Does life bore you? Find some one who needs entertaining.

Are you shy? Find some one who will be helped by your display of confidence.

Are you irritable? Show to your world the power of serenity.

Desire constantly the good of others.

Permit yourself no lapses.

One day you will find the faces of friends and strangers turned to you as flowers to the sun.—Grace Goodhouse.

Facetious Items.

It Finished the Doctor.

A gaunt and kilted Scotsman made his appearance in a country village, according to the Boston Transcript, and was endeavoring to charm the locals to charity with selections on his bagpipe. A shaggy haired man opened the front door of a house and beckoned to the minstrel.

"Gie us a wee bit tilt just oot here," he said, in an accent which told that he also was from the land of the haggis, "My auld mither's in a creetical condection oppstaer. The doctor's wi' her the noo' and says the pipes may save her life."

Up and down in front of the house marched the braw Highlander, discoursing music that might well have been incidental to a cat and dog fight. Presently the shaggy-haired man came out again.

"Gie us the 'Dead March' noo," he said. "Is the puir auld lady gone?" questioned the piper.

"Na, na, mon; ye've saved mither," came the reply; "but ye've killed the puir doctor."

"My health and digestion are perfect, doctor," began the caller in the office of the medical man. "I haven't an ache or a pain. The trouble with me is that I cannot sleep at night."

"Well, if that is the case, sir," said the learned physician, "I suggest that you consult your spiritual adviser rather than me."—R. M. Winans.

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The management of this Sanatorium are very deeply in sympathy with the consumptive, having been victims themselves, and the cheerful mental atmosphere which is maintained is the pride of the Institution, notwithstanding the fact that it is conducted under strict medical supervision.

Moderate rates. Address Business Manager for rates, literature and further particulars. References: El Paso County and Colorado State Medical Societies.

Business Manager, MAURICE G. WITKIND.

Heredity.

"Cute little cuss," said Slabsides, gazing at Hawkins' baby, "but why the dickens do you suppose he's trying to get his toes into his mouth all the time?"

"Takes after me," said Hawkins. "He's trying to make both ends meet."—Harpers'.

Looking for Evidence.

Towne—Dr. Post is at work on a collection of poems now.

Browne—Nonsense. Why he's a humdrum old doctor of medicine and never—

Towne—I know, but he is also coroner. He's examining the poems to see what there was in them to induce the editor to shoot the writer of them.—Catholic Standard and Times.

"Well," said old Ben Williams, "I've taken a powder for my headache, a pellet for my liver, and a capsule for my gouty foot. Now, what puzzles me is, how do the things know the right place to go after they get inside?"

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UTERINE HEMORRHAGE.*

BY WILLIAM FREILE, M. D.,
Jersey City, N. J.

As an introduction one feels like apologizing for the presentation of a weather-beaten subject, but though old, it still furnishes food for thought, and there are several paths yet but lightly trodden.

Since the Garden of Eden and the advent of Abel, there has been a constant struggle to wrest from nature the mysteries of the uterine flow. Every branch of medicine has lent its aid—even the gynecologist—and all endeavored to make lucid why woman was constituted so as to lose blood at periodic times.

Unfortunately, notwithstanding the great light that has dawned on many things medical, we still grope in the darkness which surrounds this phase of woman's existence; and beyond the hypothesis of the menstrual flow being excited by a hormone developed in the ovary, time has not done much beyond establishing a sort of standard for the cycle of three to six days, with an average loss of six to eight ounces.

It may be that later evolutionary study will show some connection between the erect posture and menstruation.

From the cradle to the grave uterine hemorrhage may be said to be in evidence, and during the entire reproductive period the uterus is physiologically a bleeding organ—and the only one in the body.

Right on the threshold of the catamenia the budding woman is sometimes confronted with hemorrhage so persistent and dangerous as to make radical surgery necessary, and even transfusion has been resorted to with success, and cases are not

unknown where the first menstruation has been the last. In several of these cases careful examination after death failed to show any morbid changes. However, a correlation of facts helps to somewhat unravel this mysterious type.

We know the proneness of childhood to chilblains, epistaxis and eczema, and in old age to arterio-capillary fibrosis and senile gangrene.

The uterus develops later and retrogrades earlier than any other organ, and this is also true of the capillary circulation, so that these capillaries through imperfect development, can cause excessive hemorrhage at the inception of the monthly cycle, and through degeneration the abnormal bleeding at its close.

This conception would indicate the proper therapy transfusion, if death be imminent; curettage in less severe types, and in some cases, perhaps, the intrauterine application of the cautery.

A repetition of treatment may be necessary until the proper capillary development has been reached in the initial transition period.

A few of these cases that do not respond to the projected therapy may be true haemophilias, or the condition may be caused by an abnormality in some internal secretion, or the presence of a toxin—as evidenced in the haemophilia of cholemia.

In ancient times nearly all the ills of woman were blamed on the uterus, and, as this theory is still too rampant, were one to attempt even to lightly touch the many considerations indicated by the topic of this paper, time would fail us. Hence, there has been selected merely a few of the more interesting factors.

We pass on to the actual productive period of woman's life when many potent factors for hemorrhage step into the arena,

*Read at the 147th Annual Meeting of the Medical Society of New Jersey, June 12, 1913.

such as ante and post-partum bleeding, subinvolution, etc.

The bleeding caused by tubal and ovarian lesions are not to be overlooked.

Many so-called profuse menstruations are undoubtedly miniature abortions, and retained secundines a faithful cause of loss of blood.

Many abortions and premature births—where the leucic taint can be excluded, are due to the presence of an undiscovered myoma.

Ectopic gestation often evidences its whereabouts by abnormal uterine bleeding, and must be kept well in mind, and the same is true of molar pregnancy.

New growths, taking them all together, are three times commoner in women than men, and of all new growths in women, one-quarter are in the uterus. Paramount in this class is the fibro-myoma whose hemorrhagic proclivities are largely determined by its location, but whose size bears absolutely no relationship to amount of haemorrhage.

But, by way of interpolation, whether or not this type of new growth is producing marked haemorrhage, it is an undesirable tenant and potentially vicious.

The writer recently saw a case in a woman thirty-seven years of age, with a tumor—submucous—no larger than an egg, who refused operation for three years, and subsequently submitted when in bad condition. She went on and developed myocarditis, arteriosclerosis, nephritis and died one year after leaving the hospital.

It may be there is produced a toxine from these tumors, or some tendency to general fibrous changes.

Polypi, chorio-epithelioma, sarcoma, chronic inversion of uterus and tuberculosis of endometrium we dismiss with a mention.

This brings us to the consideration of another group—the cases where haemorrhage is caused by venous stasis—and includes all types of displacements, with the chronic hyperplasia of the endometrium which accompanies them. Colonic stasis—particularly in the sigmoid—might be also mentioned here.

For many years the term “endometritis” has been the scapegoat for the gynecologist, and somewhat like the ubiquitous “malaria” of the old practitioner, it was merely a euphonious method of cloaking ignorance, and labeling with a name something which was imperfectly understood. Fortunately, the confusion has been pretty well cleared, leaving aside the fewer cases of acute en-

dometritis produced by bacterial invasion, and some cases perhaps by abnormal functionation of ovary, for clinical purposes the others (and they will be the vast majority) can be regarded and must be treated as caused by passive congestion.

When one recalls the circle of Robinson, the long ovarian veins without valves, and the readiness with which stasis occurs, it would seem to show that woman is still in the transitional period, and not yet mechanically adjusted to the erect position. Witness the marked relief in many dysmenorrhoeic cases on assuming the recumbent attitude.

With this thought in mind it will be perceived that while cleaning off the mucosa is good treatment, it is not far enough reaching for permanent benefit, and that above all, the conditions whatever they may be, producing retardation of the venous flow, must be sought and corrected.

It is rather remarkable how much blood an individual may lose from her body while it is having free exit and yet stand it well, whereas a much smaller quantity spilled into the abdomen will produce marked disturbance. This was well illustrated in a case recently, which presented a fairly clean-cut picture of ectopic, and on exploration showed the rupture of a large corpus luteum as the sole explanation.

Bleeding, that is started by slight manipulation of the cervix or uterus, should always be a strong incentive to suspicion of a malignancy, and with the propaganda now waging on cancer, we might quote an eminent investigator: “The waste of blood of a not very distant past, is, let us hope, gone forever.”

The haemorrhages at the menopause, when malignant disease can be ruled out, are frequently caused by a degeneration of capillaries with areas of necrosis, and may require repeated curettings to keep them under control, and in some extreme cases, a hysterectomy. It were here well to emphasize the fact that at the menopause the uterus having folded up its function, all unusual or profuse bleedings are pathologic and need careful sifting.

When one is called to attend a patient with a uterine flow, his attention is apt to be focused on her pelvis, and this often leads to incorrect diagnosis, and, therefore, improper treatment.

The treatment most relied upon is the curette, which has probably caused more detriment to patients and worry to doctors than any other invention, and has too fre-

quently furnished a pivot around which several feet of intestine have gyrated. The abuse and not the use has heaped ignominy upon it.

While local causes are most often in evidence the constitutional causes are nevertheless important, and this paper would be lacking in usefulness if it did not concisely mention them. One thing the specialist must often do is to forget his specialty and look away to distant possible operative factors.

Cardiac disease, nephritis, diabetes, hepatic disease, syphilis, malaria, purpura, scorbutus, anaemia, chlorosis, haemophilia, typhoid fever and other infectious diseases may all cause uterine haemorrhage, and, as the same blood circulates all through the body, the uterus has in these cases no monopoly of the bleeding, and the plea is made where the local conditions do not ring out a clear diagnosis, interrogate further.

Good treatment and good surgery mean good diagnosis, and the early recognition of pathological uterine bleeding is of gravest import to the sufferer, and a paramount obligation which the practitioner owes to his patient. His own reputation, his peace of mind and often the life of the patient are at stake. Procrastination, irresolution or timidity have in such cases permitted innumerable victims to go down to the grave, and with the present status of surgical procedures the useful influence of X-ray and radium, the risk of timely interference is so nullified that delay and death are almost synonymous.

REMARKS ON A CASE.

Mrs. A., 25 years old. One child three years. One miscarriage from unknown cause six months before coming under observation. She was markedly anaemic, having been bleeding almost constantly for three months.

A general and pelvic examination proved negative. As her condition did not brook further delay, a curettage was done, but in two months the hemorrhage returned as before.

She consented to an exploration, but not to an ablation. A celiotomy showed only a rather sagged position of the ovaries. A hysterotomy revealed nothing abnormal, and a visual scraping was executed, followed by a Baldy-Webster suspension. Ten weeks afterwards excessive flowing was again in evidence, and her condition becoming again critical, she consulted an eminent gynecologist in New York, who advised

me that in two similar cases he had tried ligature of uterine arteries, hysterotomy, intrauterine application of superheated steam, without avail, and finally had to do a hysterectomy, which he also directed the patient in question to have done. She refused, and as a last resort I applied the actual cautery intra-uterine. No menstruation for four months: it then reappeared and has apparently decided to behave itself, as a year and a half has elapsed without disturbance.

It may be in this instance that the slinging up of uterus and ovaries, with the destruction of some mucosa, balanced a circulatory condition which was previously turgescient.

DISCUSSION.

DR. F. D. GRAY, Jersey City; Dr. Freile's paper possesses at least two commendable features—comprehensiveness and conciseness. A discussion, in this instance, can accomplish little except to enforce the valuable points brought out by the paper.

First, I would emphasize the fact that the etiology of uterine hemorrhage is extremely important; and again that one cannot with a curet in one hand and ergot in the other effectively treat all cases. Treatment should be founded on a physiologic basis. For instance it is well known that menorrhagia—especially in virgins—is associated with a dilated condition of the uterine arteries, while the general vascular tone remains at normal. The exhibition of ergot, while it increases vascular tone in the uterus also at the same time, increases it throughout the whole body, with the result of forcing an engorgement of the uterus, and the bleeding continues. Inhalation of amyl nitrite, on the other hand, lowers vascular tone throughout the system. Uterine engorgement is then relieved and hemorrhage ceases. In other words a physiologic treatment succeeds where a routine treatment fails. The practical point is that if a vaso constrictor, like ergot fails, one should try a vaso dilator such as amyl nitrite or glonoin.

A form of uterine hemorrhage most difficult to diagnose and treat by ordinary means is the so-called essential hemorrhage. It is usually dependent on uterine fibrosis and demands hysterectomy as clearly as does a uterine fibroma.

It should not be forgotten that syphilis may be a factor in uterine hemorrhage due either to diffuse syphiloma, a gumma or to fibrosis of the uterine arteries, all of which will respond to specific treatment.

Polloson has successfully treated metrorrhage by clamping the cervix by means of specially devised clamps. Chalmogoroff accomplishes the same result by suturing the cervix. The clamps or sutures are left in place for several days.

DR. GORDON K. DICKINSON, Jersey City: I am delighted to have listened to Dr. Freile's paper and to learn that another member from Hudson can do good work when called upon.

As for the control of uterine hemorrhage I mention one or two points. I have been in the habit of injecting 30 cc. of horse serum, subcutaneously, for the benefit to be obtained from the thrombokinas; at the same time administering by mouth and rectum 30 gr. of citrate calcium hourly if necessary. If this does not succeed, it may be necessary to transfuse. There are some points in the etiology which were not mentioned: one is that in the very heavy hemorrhages of beginning menstruation there may be tuberculosis of the endometrium.

DR. MERRILL A. SWINEY, Bayonne. I would like to say a word about a drug I have used in the treatment of uterine hemorrhage for the last seven or eight years. Its use is especially indicated in those cases where the uterus is practically normal, and where there is no retained secundines; or, possibly, where the uterus is somewhat enlarged due to congestion. In these cases I use cotarnine hydrochloride (styptisin), and prescribe it in rather large doses. I usually write a prescription for twelve capsules of two and one-half grains each. (The druggist will usually call up and ask if you have not made a mistake in the dose.) I give two capsules every three hours for the first three doses, and after that one every three hours. Usually there is a marked diminution in the hemorrhage at once. Styptisin can then be given in one grain capsules for a week, three times a day.

I have also had splendid results in the use of this drug in the profuse menstruation of young girls. In these cases I use grain capsules three times a day for a week or ten days preceding the menstrual period. This drug is also put up in tablets as cotarnine phthalate one-sixth grains each, the dose being six to twelve a day. I have used these in several cases, but, for some reason, did not get so good a result as with the hydrochloride.

A FEW POINTS IN THE CLINICAL TREATMENT OF CHRONIC NEPHRITIS.*

By W. BLAIR STEWART, A. M., M. D.,
Atlantic City, N. J.

Dietetic abuse is the most active factor in every case of chronic nephritis. It is surprising to see how little attention is given by both patient and physician to diet and the great confidence that is placed upon medication. The average patient is hard to control and convince. He is accustomed to fully satiate every demand of his appetite as he "never had trouble with indigestion and can digest all kinds of food." Excesses of meats, fats and sweets are the rule. Proteids far in excess of assimilation are used three times daily and the case goes from bad to worse until an acute or chronic uremic condition ensues.

Meats and albuminous foods in excess decompose in the intestinal tract and form

compounds that are irritating to the already diseased kidneys and limit still further the processes of elimination. They affect the arterial system by increasing blood pressure. They cause first hypertrophy, then degeneration and hardening of the arterial vessels and finally produce the accompanying disease of arterio-sclerosis. Excesses of sugars and starches overtax digestive power, produce fermentation, increase acidity and become irritants. Each article of food has its indications and contra-indications in selected cases.

What then are the proper limitations for proteids and carbohydrates in this class of cases? The average normal adult requires about two thousand calories food value daily to maintain equilibrium and accomplish good work. About eighty grammes of proteid is required from which nature liberates about thirteen grammes of nitrogen. To illustrate, practically, each quart of average quality whole milk contains about thirty grammes of proteids (increase or decrease in proportion to its percentage of cream). If a milk diet is maintained it would require three quarts of whole milk of this strength to produce sufficient caloric value to give efficient work and supply the demands of the body. The higher the percentage of cream in milk the higher the caloric value and the average reduction of the skimmed milk proteids. Two quarts of very rich creamy milk will give as much caloric value as three quarts of the thinner quality. Will our chronic nephritics always stand this method?

The skimmed milk diet has become very popular in chronic nephritis and three to four quarts have been given every twenty-four hours. The amount of proteids taken is far in excess of digestion and assimilation and the nitrogen stored up in the tissues and blood is increased to the harmful point. The excessive quantity of fluid is also a factor to be carefully considered. A few selected cases will stand this method, but the majority do ill and their untimely end is attributed to "a worn-out heart or an act of Providence."

Many patients who cannot take sweet milk can use buttermilk or sour milk with comfort. The regulation buttermilk churned and deprived of its fats is of no more food and caloric value than skimmed milk. Sour milk, prepared from rich whole milk with the Metchnicoff, Bulgarian bacillus, is ideal and can be taken by most nephritics. The lactic acid ferment is not specially irritant to the kidneys, decreases intestinal pu-

*Read at the 147th Annual Meeting of the Medical Society of New Jersey at Spring Lake, June 12, 1913.

trefaction and indo-acid products and is a very valuable diuretic.

A fixed dietic rule cannot be applied to every case, as each is a law unto itself. Unless previously established upon a proper dietic basis one must study the effect of every article of diet upon albumen output, increase or decrease of casts, quantity of urine and blood pressure. This means study, care and patience, and if you are not equipped to do this or do not wish to take the time for each case, it is better for one's reputation not to take the responsibility of them.

It is my rule to begin with the whole milk diet (sour whole milk preferred) and study effects. When improvement shows, carbohydrates such as well cooked rice, baked potato, wheat cereals, stale or toasted bread, then fresh string beans and finally peas are added. Later one may give orange juice, baked or stewed apple, prunes cooked without or with very little sugar, and figs. A few selected cases may take chicken, broiled or boiled fish, or soft eggs (not more than two in twenty-four hours). Broths and soups are of little value, liable to interfere with digestion and often irritant to the kidneys. Iced milk and ice cream chill the stomach, retard digestion, and have been known to cause increased congestion, indigestion, cramps or heart attacks. One case in my own practice resulted in acute uremia and death. It is absolutely essential that you obtain the confidence of your patient and have him work with you, otherwise results are poor, the profession condemned and quackery called in only to help the undertaker that much sooner.

Alcoholics of all kinds must be absolutely forbidden and eliminated. Condiments of every kind must be omitted. Meats of all kinds, except as indicated, are improper.

Most chronic nephritics show increased blood pressure, which is nature's own method of compensation. It is unwise to become alarmed at a pressure of one hundred and eighty to two hundred m.m. when first taken and rush to nitrites and circulatory depressants. Many of these cases are comfortable only with this high pressure and the moment you suddenly decrease it artificially you cause headaches, decreased urinary output, nausea and weakness and may induce uremic crisis. A careful study of your case will soon show the normal comfortable blood pressure with which you should not interfere. Any sudden appreciable fall or rise from this level is usually

accompanied by or precedes danger of some type for which we must be prepared. The stereotyped use of nitrites in these cases is to be condemned. They have their use when blood pressure tends to run higher than normal, but are only temporary and the real cause for trouble should be eliminated if possible after the crisis has been met. Too much fluid; too strenuous exercise; sudden fright or excitement; exposure to cold or intense heat; constipation; unusually dry and parched skin activity; indigestion; high acidity; too free use of proteids or an excess of sugars and starches are some of the causes for increased tension and are all relieved by treatment other than nitrites.

A careful study of the relation of albumen and casts shows valuable information in chronic nephritics. A high percentage of albumen and a large number of granular and epithelial casts are the classic signs of real danger. The percentage of albumen will often increase and the casts decrease with no change in clinical symptoms; but if the granular casts increase while the albumen decreases there is trouble ahead. The majority of these cases will show a proportion of six to eight hyaline casts to one granular cast in centrifuged specimens. A careful watch upon this proportion will show a relative equality to a gradual disparity in the comparison as the case assumes a more critical turn. This factor alone will often guard one against oncoming trouble. Except in those cases where the albumen content is very high, little is to be learned from the slight albumen variation from day to day, but great stress should be placed upon the character and proportion of the various types of casts.

Cough and pulmonary oedema are usually the result of exposure to cold, but may be caused by indigestion or any influence that interferes with the heart's action. A cold plunge, cold tub bath, or a surf bath often results in pulmonary oedema, but the most common cause is an attack of acute indigestion due to over-eating. Stair-climbing, running or sudden chilling after a hot bath are factors. A quick change in altitude from a low to a high elevation or vice versa will not allow the heart to compensate and pulmonary oedema often results. This condition demands prompt action and no temporizing. Oxygen will help, but is rarely at hand. A hypodermic injection of morphine sulphate grain $\frac{1}{4}$, atropine sulphate grain $\frac{1}{100}$, if given be-

fore the oedema is far advanced, will usually break the inequality of circulation and limit the outpouring of fluids into the lungs. Free application of heat to the body and the erect sitting posture. In some cases nitroglycerin is indicated, but after all this is the one emergency when every contra-indication to its use may be cast aside and dependence placed upon *one full dose* of morphine. Avoid it ever after except in an emergency.

Mechanical methods, such as massage, walks, baths, hot packs, vapor baths, electric light cabinet baths, hypodermoclysis, enteroclysis, "Murphy method," and other hydrotherapeutic and electric systems have their places in treating these cases, but cannot be considered in the scope of this paper.

If proper care has been given to diet, drink, exercise and hygiene, medication is largely symptomatic; for there is not one drug or combination of drugs yet known that will cure chronic nephritis. Drugs form a most valuable adjunct to treatment, but given alone and trusting to nature to help us out is a principal that will usually fail.

Liquor potassii citratis 5 i to ii every two to six hours is an excellent alkaline diuretic and the sheet anchor in most cases but, like all other drugs, must be used symptomatically. Infusion and tincture of digitalis, infusion of scoparius have their use, but only symptomatic. Saline cathartics give best results. An occasional dose of calomel or compound jalop powder is necessary. Cardiac stimulants, cardiac depressants, nitrites, diuretics, diaphoretics, antispasmodics and cathartics may be used only subject to a direct indication.

Most cases of chronic nephritis do best at a low elevation and in a climate that does not show too large a percentage of humidity. Regular habits, rest, quiet, proper diet, passive and active exercise, free elimination by the skin, bowels and kidneys, and a minimum of medication promise best results for our chronic nephritis.

The intent of this paper is a plea for a more careful study of every case of chronic nephritis irrespective of the classic treatment given by our text-books and formula.

DISCUSSION.

DR. ALEXANDER MARCY, JR., Riverton: I quite agree with what Dr. Stewart has said in his paper and have but little, if anything, to add. I might emphasize one or two things that to me are of some importance in the treatment of such cases.

The first is that of Rest. A thing of vital importance in all cardio-vascular disturbances, and in these cases of chronic nephritis we have to deal with changes in the circulatory apparatus, and this is a part of the symptom complex accompanying the alterations of structure and function which is found in such cases.

This rest should be taken in large quantities, regularly and in the recumbent position, preferably before the midday and evening meals. One-half hour before lunch and one hour before dinner if possible.

The other thing I would mention is the favorable influences of a warm, dry and equable climate. It is very important to keep the skin active and it is difficult to accomplish this in the variable and changeable climate of our eastern States.

Florida, Southern California, New Mexico, etc., are ideal places of residence for such of these cases as can afford it, particularly during the late fall, winter and early spring months.

It is quite impossible to cure these cases, but we can retard their progress, ameliorate conditions, relieve symptoms and in many cases prolong life indefinitely by careful attention to diet, clothing, exercise, rest, etc.

DR. CARL E. SUTPHEN, Newark: I make a plea in this case for what I consider the best thing where the oedema is marked and the blood pressure is not extremely high, namely, adrenalin chloride, 1 to 1,000, 5 to 20 minims, every three hours according to symptoms. We have used this not only in nephritis but in surgical work where we have oedema of the lungs as a post-operative symptom and have found it very valuable.

TREATMENT OF SYPHILIS.*

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Since the discovery of the spirochaeta pallida by Schaudinn, the demonstration of the Wassermann reaction by Von Wassermann, of the luetin reaction by Noguchi and the discovery of salvarsan and neosalvarsan by Ehrlich, our knowledge of syphilis as a disease has materially broadened and our methods of treatment have also changed.

We no longer have to work on the principle that it takes so many years with this or that preparation of mercury used in this or that way to cure the average patient, and that, therefore, each individual must be treated in exactly the same way, but we can now determine for each individual case

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the amount and kind of treatment necessary, and we can definitely tell that patient when he or she is or is not cured.

We have learned that it is much easier to cure syphilis in the primary and secondary stages than in the tertiary, and proportionately so the earlier the disease is attacked in either stage. The demonstration of the spirochaeta pallida in a primary lesion justifies us in beginning treatment without waiting for secondary manifestations as used to be our cardinal rule (with the possible exception of lesions in the mouth), for here there have lately been demonstrated spirochaeta around the tooth sockets morphologically so alike the pallida that experienced laboratory workers have so far been unable to differentiate them. Unfortunately the Wassermann reaction is of little aid to us in this stage of the disease, being regularly negative until the sixth or eighth week when we would, in all probability, have the corroborative evidence of the secondary manifestations. The luetin reaction is never present in the primary and often not in the secondary period or only towards the latter end of that stage at least, but it is most constantly present in the tertiary stage and frequently long after the Wassermann has become negative, and it is of special value then in the diagnosis of these obscure late syphilitic conditions and as a means of determining, in all probability, when our patient is well.

In lesions of the brain and cord, a Wassermann reaction can sometimes be demonstrated in the cerebro-spinal fluid. An apparent increase in the number of white cells in this fluid with an increase in the globulin reaction even in the absence of a Wassermann reaction are very suspicious signs. A positive Wassermann or luetin reaction is for all practical purposes very good evidence for syphilis. A negative Wassermann reaction is nowhere near so good evidence against it, being absent regularly in the early primary stage and in the late tertiary, in at least 30 per cent. of cases. With a suspicious looking lesion and a negative Wassermann reaction light can often be thrown on the subject by a test dose of salvarsan, which will, in all probability, if the case is syphilitic, convert the Wassermann reaction into a positive within two or three weeks after the injection. Of course much depends on who makes the Wassermann reaction, as the technique is a most difficult one and open to possible errors. A negative luetin reaction in the primary and secondary stages

means little or nothing, but in the tertiary stage it is a more constantly present sign than the Wassermann and after courses of treatment it is very good evidence whether or not our patient is cured. A positive luetin reaction, if correctly interpreted, seems to be a specific reaction. We must not forget that our trained clinical eye is, however, much to be depended upon when lesions present, and that errors in laboratory technique have occurred and will undoubtedly happen with many more of our cases before we have finished with the practice of medicine.

With the aforesaid data at hand, we are in a pretty fair position to make our diagnosis, and my opinion of the treatment of syphilis is as follows: In every case the patient should be examined for heart disease, kidney disease, arterio-sclerosis aneurysm of the aorta and severe debility from whatever cause.

In the presence of either of these conditions neither salvarsan or neosalvarsan should be given or they should be preceded by a course of mercury, or they should be begun in one-quarter to one-half doses and increased with the greatest care and only with the improvement of specific and general conditions as well. This because following a very large injection of mercury or the injection of salvarsan or neosalvarsan, a phenomenon, named after the syphilographer who has described the condition, the Herxheimer reaction, in greater or less degree sometimes follows. The manifestations of this reaction are an erythema and soft succulent swelling of the local lesion, and a general toxic reaction with rather severe chills, nausea and vomiting, fever and often a general erythema. This reaction is supposedly due to the liberation of toxins of the killed organisms and regularly follows in from ten to twenty hours after the injection, and one can readily see how such a succulent softening of a syphilitic lesion in the walls of an aneurysm, or of one of the cerebral arteries, or in any vital organ, might be of serious moment.

In the primary and secondary stages it is my custom to give four doses of salvarsan intravenously during a period of six to eight weeks, the first and second doses being spaced a week apart, or five doses of neosalvarsan in about the same period of time at intervals of five to ten days, followed after a respite of two weeks by a thorough and prolonged course of mercury in either case. In the great majority of

patients so treated in the primary and secondary stages of syphilis, a negative Wassermann soon results, but it is my custom to have a Wassermann made every three months, and at the end of two years a luetin test done before these patients are discharged. A certain proportion of these cases are undoubtedly permanently cured by the salvarsan or neosalvarsan alone, but I still urge the combination of mercury because of the tremendous importance of making the most killing impression possible always on the disease in these earlier stages.

Such a course of salvarsan or neosalvarsan injections will heal up any syphilitic lesion. If a lesion does not heal under such treatment, I am prepared to say that that particular condition is not specific.

Furthermore, one injection or at the most two, will destroy the organisms in any active syphilitic lesion, thereby eliminating that particular member of society, for the time being at least, as a source of infection. On this ground alone we would be justified in almost commanding a salvarsan course in primary, secondary or any infectious syphilitic condition.

The night before each injection the patients are pretty regularly given a moderate dose of castor oil, and no food is allowed for four hours before the injection and that only of a very simple nature, this to avoid a stagnation of digestion as frequently results from nervousness or fright of any kind, and a possible conflicting condition with temperature, nausea and diarrhoea. Unless there is some special indication the treatments are carried out in the office and the patients are ordered to go directly home to a bed or a couch for the remainder of the day. No food is allowed, or at the most toast, tea or milk until the following morning when the patient is ordered to do quite as he pleases.

In one in five of our patients reactions will occur probably less frequently with neosalvarsan than with salvarsan, but nearly all of these are mild and of a few hour's duration.

If due care be used in the preparation and administration of these drugs—and they be given to organically sound patients—I am convinced that it is a perfectly safe form of treatment.

After these injections (usually two weeks after) my patients begin with a course of mercury, and for general purposes the old method of inunctions, i. e., rubbing in a dram to a dram and a half or two drams of ung. hydrarg. every sec-

ond night until they are thoroughly under the influence, though always below the intestinal irritation or salivation and kept at this stage of mercury saturation for six weeks or two months, is the most convenient and, all things considered, probably the most efficient.

Weekly intramuscular injections of a 33 $\frac{1}{3}$ % salicylate of mercury over the same period of time are equally efficient, but with every care the patient will often have painful indurations in the buttocks which never slough, however, and occasionally they will have spasms of coughing and even periods of shortness of breath following an injection of the salicylates.

A large bore needle, preferably a 17 or 18 gauge, about 1 $\frac{1}{8}$ to 1 $\frac{3}{4}$ inches long, dependent upon the amount of fat in the buttock, is used and sufficient time should invariably be allowed to elapse after inserting the needle before hooking up the syringe with the preparation to be injected, to be quite sure that the lumen of the needle is not in a blood vessel, as would be shown by blood dripping from the end of the needle.

A convenient formula is:

Salicylate of mercury, gram. 10.

Lanolin, gram. 3.

Olive oil, grm. 30.

From two to five minims are used at each injection. Daily or every second day injections of the bichloride or cyanate are effective, but they are rarely practicable because of the expense and inconvenience to the patient.

Convenient formulas are:

Hydrarg. cyanate 2% solution in distilled sterile water, minims 10 to 18 every second day, or

Hydr. bichloride, gr. 8.

Acid carbolie, gr. 8.

Sodium chloride, gr. 16.

Distilled water, 1 oz.

15 minims equals $\frac{1}{4}$ gr.

I can see no indications for the use of iodine in the treatment of the primary and secondary stages of syphilis. The patients are then watched over a period of two to three years with frequent Wassermann tests, and with promises to return once a year for two or three years more, they are allowed to go on their way. Patients can have sanction to marry after two consecutive years with a negative Wassermann by giving me a written guarantee that they will continue under observation and direction until the five years are up. In the treatment of tertiary syphilis most syphilo-

graphers begin their attack also with salvarsan or neosalvarsan followed by a course of mercury. Two months after the mercury course has been finished or about six months from the beginning of treatment, a Wassermann is taken and, if it is still positive, another mercurial course is immediately advised or the whole salvarsan and mercury treatment is again gone through with, depending upon the degree of the Wassermann reaction. So, each six months a Wassermann is taken and treatment is advised as I have said above, depending upon the degree of reaction. During the first two years, even with a negative Wassermann, a patient is not advised to go longer than twelve months without at least a mercurial course. After two years with a negative Wassermann, a luetin test is made and then the patient is advised to return for observation at yearly intervals until the five-year limit has been passed.

I have yet to see either salvarsan or mercury, or the two combined have other than a temporary effect on advanced tabes or paresis, though these diseases have been practically proven by Noguci to be active syphilitic lesions.

It is in the early stages of syphilis before the nervous system is attacked that treatment of the most active kind is indicated and effective and preventive of these dreaded forms of nervous syphilis. In the early stages, however, of the development of locomotor ataxia with active manifestations, an arrest in the progress of the disease and relief of discomforting symptoms sometimes follows severe anti-syphilitic treatment.

It is difficult to determine the relative efficiency of the internal administration of iodine and the iodides in tertiary syphilis. That they may assist as a resolvent in hypertrophic or gummatous lesions I cannot deny, but I ask you to remember that salvarsan and mercury are the real specifics and that iodine will never cure syphilis when administered alone. I mention only to deprecate as unreliable and inefficient the internal administration of proto and biniodide pills. Please also remember that many cases of syphilis were cured before the advent of salvarsan and that when the latter is for any reason contraindicated, repeated courses of mercury alone and that with or without the iodides, may be relied on if persisted in to successfully terminate many of our cases.

A certain few cases of syphilis seem to be able to resist all our present means so

far as serological and permanent clinical results are concerned, but with the combination of mercury and salvarsan, thank God, their proportion has been considerably diminished.

Syphilis is then, to all intents and purposes a curable disease in so far as that term may be applied to any disease, as has been so often demonstrated by a second infection following even short courses of salvarsan and mercury, syphilis, of course, not conferring an immunity.

The so-called neuro recurrences we now believe are distinctly syphilitic manifestations and not due to the drug used and are, therefore, indications for further lines of treatment.

In conclusion I would urge a more open-minded consideration of this most important and prevalent disease on the part of the physician, the education of the lay public up to the fact that syphilis can no longer be considered solely in the light of a purely venereal disease, such a very large percentage of cases being innocently acquired today, but that it is another form of plague to be openly discussed and squarely faced by societies and organizations for the public good—such as have been so effective in the organized attack against tuberculosis—and finally the encouragement of health and other public officers to enact suitable laws governing prostitution and the marriage state, the care of irresponsible syphilitics and the reporting of all cases and the education of the public at large in prophylactic methods.

Syphilis and Fever.

Dr. Glaser, in *Berliner Klin. Woch.*, June 30, speaks of several types of 'syphilitic fever, some of which have long been known. He mentions early syphilitic fever preceding the rash, and tertiary syphilitic fever. Aside from these, however, there are types of fever which are irregular and simply indicate mixed infection. The first modern description of sure secondary syphilitic fever is by Guntz and Fournier about 30 years ago. It was held to be present in about 20 per cent. of cases. Many years later Senator sought to differentiate early syphilitic fever from other acute infectious diseases. It should be remarked that the syphilitic fever is not always a reaction preceding the exanthem; for in certain instances the fever is purely symptomatic of certain local lesions. Despite some connection between exanthems and fever the early syphilitic fever cannot be so easily explained (since it is a minority symptom). Pure tertiary syphilis is even more difficult to account for. Much more readily comprehended are the secondary syphilitic fevers which are seen in luetic liver, luetic lungs and the like. Certain fever in certain patients appear to suggest the possibility of late syphilis.

PSYCHOSES ASSOCIATED WITH CHILDBEARING.*

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It is no longer said that there is any one type of mental disturbance to be found associated with childbearing. Indeed, even some of the text books of fifteen years ago, which still retained the term "puerperal insanity," recognized the fact that it was not a proper division, that mental trouble at the puerperal period has manifold manifestations and prognoses. There should be no need, however, to emphasize the importance of a consideration of psychoses with childbearing as a possible or probable etiological factor and the question of prognosis and prevention are of sufficient importance to command the attention of all students of psychiatry. Bearing in mind therefore that one is dealing with a variety of conditions, the writer has gathered together a number of cases which he has had under observation more or less for several years. It is through the courtesy of Dr. H. A. Cotton, of Trenton, that this material has been used.

In discussing these cases, the childbearing element of etiology has been considered chronologically, either pregnancy, if the psychosis begins before or during labor, puerperium, if the onset is within six weeks following labor and lactation, if the psychosis develops after six weeks or more following labor. This subdivision may appear to be more or less arbitrary, but is according to the general custom and is useful for the present purpose.

The records for five years were examined and all cases in which some phase of childbearing had been assigned as etiology were further studied. In all, seventy-two such cases were found which were afterwards narrowed down to fifty-two, in which either pregnancy, the puerperium or lactation seemed to have had some real part in the development of the psychosis. This number, fifty-two, represents 6% of the total female admissions during that period.

In such a small number of cases no broad generalizations can of course be made, but it seems as if the conclusion reached may be fairly typical.

As already noted, no one form of psychosis is peculiar to these periods. In the fifty-two cases under discussion, over 53% were classed as manic-depressive cases, 23% being manic, 25% depressed and over 5% mixed. Sixty-two per cent. of the manic-depressive cases began in the lactation period. Twenty-three per cent. of the series were diagnosed exhaustion deliria, over three per cent. infection deliria. At some time during their course most of the manic-depressive cases exhibited some delirious features, which were frequently, however, extremely transitory, not making it necessary to keep them from the manic depressive group. Dementia praecox comprised 17%, three cases having an outset during pregnancy, six during lactation. One case was classed paranoic condition. From the foregoing preliminary brief analysis, a large percentage of the states of mental alienation occurring in childbearing in this series at least, appear to have a favorable prognosis and end in complete recovery.

A large proportion of the cases developed during lactation, there being about 57% occurring at that period, 15% during pregnancy and 28% during the puerperal period.

The average age of all cases was 29.6 years. Forty per cent. occurred between the ages 26 and 30. The age ranged from 18 to 40. The average age of the primiparae was 25.8 years. As other investigators have found, it is not the primiparae, but the multiparae, who are most frequently disturbed mentally, 73% of the present series being multiparae.

In only 5% was any well marked puerperal infection found which coincides with the conclusion of numerous observers. Six cases or 11% had more than one attack, in practically all, the mental condition being the same each time.

Illegitimacy played a minor part in this series, only two cases being unmarried. In one, a girl of good family, the psychosis developed acutely during pregnancy, being characterized by violent excitement, later on passing into profound deterioration of dementia praecox. In the other case, an inferior type, the first attack appeared to be the result of a sexual trauma intercourse under promise of marriage and subsequent desertion, no pregnancy resulting, the second attack being illegitimate, childbirth occurring some years later.

Fifteen per cent. showed heredity of some kind. In two cases the mother of

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the patient was insane following childbirth, with recovery. In neither of these cases was the psychosis during or following the birth of the patient herself. In one case the mother and a sister of the patient, and in another a paternal aunt died in childbirth, but were not insane. The father, uncle, maternal aunt and cousin in one case were insane. This patient herself had several attacks of depression, one at the time of pregnancy and another during lactation. Other cases had one or more relatives who had been insane. A number of writers have stated that there is a neurotic inheritance in such cases. About 23% of this series might be classed as neurotic, showing such traits as being over religious, seclusive, overbearing, irritable and the like. The "make-up" in 84% seemed to be normal. Most of the patients appeared to have been efficient housewives. Many of them having been self-supporting before marriage. Only about 5% could be called actually inferior.

It is important to study other causal factors in an effort to determine whether or not the particular phase of childbearing in each case was the sole or most important etiological feature. Cases in which there were more than one attack of insanity associated with childbearing would, on the surface at least, seem to strengthen the theory of such an etiology. Six of the series had more than one attack. Upon examining several of these, the etiology is not as simple as at first thought.

One case at the age of twenty-six developed a manic attack two months after the birth of her second child. She was discharged as recovered after being in the hospital six months. The exciting cause seemed to be domestic trouble, the patient having been considerably worried by the alcoholic habits of her husband. Eight years later and five days after the birth of her fifth child, she became depressed, later on being violent, excited and hallucinating. She was confused and disoriented and had some fever. The diagnosis this time was exhaustion psychosis. At this attack no family trouble was ascertained. She had not complained during the pregnancy and had wanted the child. The labor was normal, but she had no milk and the baby was fretful, causing the patient to worry. She was again discharged as recovered after six months' residence in the hospital.

Case, M. D. first attack occurring shortly after the birth of her first child, duration only one month and characterized by manic

symptoms. She gave birth to a second child without any mental disorder. At the age of twenty-four, eight days after the birth of her third child (which was the first day she sat up) she developed manic symptoms. There were no physical evidences of infection. She recovered in a month and a half.

Case, C. E. F.—First child was born when the patient was nineteen. Three days following labor she began to express paranoid ideas against the neighbors, later on developing manic symptoms the whole attack lasting about one year. She made a good recovery. A year and a half later her second child was born. Labor was not unusual. Two months later her oldest child became ill and the patient became alarmed, eventually having a manic attack, making a good recovery in about two months. As a real factor in etiology in the first attack was the worry over the discussion and dispute about the religion of the child, the father being Catholic, the mother Protestant.

Case M. C.—This patient was twenty-seven years old when her first child was born. Two months before its birth she became excited and imagined her husband was unfaithful. This continued for the three or four months following labor when she recovered. She was normal for six years. Then six months after her fourth child was born she again became insane, showing excitement, hallucinations of hearing and having ideas of infidelity. She was disoriented. A diagnosis of exhaustion psychosis was made. Both attacks seem to have no other known etiology than pregnancy and lactation, although it seems as if there might have been other factors, as she had two other labors with no abnormal reactions.

Case C. O.—This patient was said to have had a spell of depression before her marriage, but was not considered insane at that time. She had two children, the last at the age of thirty-four. A week before labor and for several weeks following, she was depressed, but seemed to make a good recovery. About a year after this, during lactation, she again became depressed, expressed ideas of self-accusation and was retarded. Her physical health was generally impaired. She finally made a complete recovery. As to etiology: poor health, overwork and lactation were assigned.

The associated factors in a number of cases seem to have been just as important,

if not more so, in the development of a psychosis. In one case the woman had almost completed a normal pregnancy. Four days before labor she went on an auto trip to New York City during the Hudson-Fulton celebration, stood watching the parade for several hours, finally arriving home at three o'clock the next morning. Four days following labor she developed an exhaustion psychosis with manic symptoms.

Difficult labor and subsequent abscess of the breast, fright by being suddenly awakened by loud thunder, worry over pregnancy because another child was not wanted, death of the child, moving four weeks after labor and the accompanying overwork and annoyance, all these were real precipitating causes which seem to have been largely responsible for the mental upset. It seems as if further study of other cases might result in the discovery of causal factors other than childbearing.

Rosanoff recently called attention to the importance of the psychic rather than the physical in the development of the psychoses associated with childbearing. When one considers the small percentage of childbearing women who become insane, it would seem reasonable to suppose that few psychoses could be traced directly to this physiological process. In this series, the question arises whether or not the pregnancy, puerperium and lactation are not coincident with the psychosis. It is of course well known that pregnant women, especially during or just following labor, may have delirious episodes, as anyone suffering from a severe illness—as typhoid fever. But this should not necessarily be classed as a psychosis unless unduly prolonged. Actual toxic or infection processes following labor are from statistics comparatively rare. A true psychosis developing during pregnancy or just following or during labor must certainly be laid to a greater degree to that process than a psychosis occurring during lactation, especially in the later months of lactation. In the lactational period, especially, it seems as if one must look for further etiological factors. Lactation undoubtedly causes more or less exhaustion and may make the patient more susceptible to nervous and mental strain. The associated factors of overwork, worry, family trouble, ill-health, and the like, all seem to have a considerable influence in developing a psychosis in a nursing individual. The fact that multiparae who have had a psychosis accompanying some phase of childbearing may have numerous

normal uncomplicated pregnancies would also point to the probable presence of some accessory or more important etiological factors, possibly of a psychical rather than physical nature. On the other hand the delirious features which mark many of the manic depressive and other cases, rather speak for physical causes.

Briefly then, in conclusion, a large proportion of the psychoses associated with childbearing are of the recoverable types. Manic-depressive cases comprised the greater number of this series, exhaustion delirium the next. The presence of more or less delirious features in the manic depressive cases gives rise to the question whether or not more of these should not have been put in the exhaustion delirium group.

Few cases showed any marked puerperal infection. Illegitimacy also played a minor part in this series. It is difficult to judge as to the importance of the heredity element. Multiparae are more frequently affected than primiparae.

It seems as if other causes than some phase of childbearing often have a more important etiological significance. (1) because of the small percentage of childbearing women who become insane during this physiological process.

(2) Cases with more than one attack sometimes show different precipitating causes.

(3) Multiparae may have numerous normal uncomplicated pregnancies, and psychoses arising from some other exciting cause.

In the lactation period especially, it would seem as if the accessory causes were more largely instrumental in developing a psychosis, the lactation itself probably giving rise to more or less exhaustion, making the patient more susceptible to nervous strain.

TREATMENT OF SOME CASES OF DYSTOCIA OF THE FIRST STAGE.*

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The question that I present for your discussion to-night is: How shall we avoid, in certain cases, the application of forceps with incomplete dilatation of the cervix? I have been driven, several times of late, to transgress the wise rule that may be found in any text-book of obstetrics—"Never

*Read before the Clinical Society of the Oranges.

apply forceps until the cervix is fully dilated"—and have done this because I have not seen any other way out of my difficulties. I hope that your suggestions may obviate any necessity of my doing so in the future.

I will first present the cases for your consideration:

Mrs. H., 28 years ago, a primipara. She had a normal pregnancy, with rather less than the usual digestive disturbances, all the discomforts of which she magnified. There was a history of dysparunia. The lady had been told by her former physician that this was due to an abnormally small vagina, and that she might expect extensive laceration at the time of her confinement. I did not find any great abnormality, and interpreted the symptoms as being due to hyperaesthesia. I expected trouble, as, during pregnancy, she had had to go to bed after a dose of castor oil, while an enema would prostrate her for 24 hours.

Much to my disgust, three weeks before the onset of labor the waters began to leak slowly away. Labor began in the early afternoon, and by 8:30 p. m. the pains were *severe*—not strong. They were constant, knifelike and apparently unbearable, the patient weeping, screaming and hysterical at the end of an hour. A hand on the uterus could just distinguish slight contractions, though at such times the cries were redoubled. I will take it for granted that you all have seen pains of this type and have learned to dread them. They are characteristic of one type of dystocia of the first stage.

The presentation and position were vertex, L. O. A., the head deeply engaged, membranes ruptured. At 10:30 p. m. there was 2 fingers dilatation; at 12:30 a. m. $2\frac{1}{2}$ fingers, the pains giving no rest and the patient hysterical. Morphine, gr. $\frac{1}{4}$ by hypo. acted in about 20 minutes to make the pains rythmical, with good intervals of rest. This effect lasted about 40 minutes. At 2:30 there was $3\frac{1}{2}$ fingers dilatation and the pains were as bad as ever. The morphine was repeated, but had no effect. At 4 a. m. there was no further dilatation.

A few drops of chloroform were now given, resulting in rythmic pains with intervals of rest lasting 2 to 3 minutes; but, after half an hour, the old pains returned, and could not be controlled except by putting the woman under the anesthetic. There was no further dilatation, the cervix was becoming oedematous, and the patient's mental condition pitiable.

At 6:45 a. m., under ether anaesthesia, I dilated manually as well as I could, and applied forceps, trying to finish the dilatation of the cervix as I pulled down the head. The cervix was passed in forty-five minutes, and a nine pound child delivered in about an hour.

The cervix was torn on the left side, the perinaeum sustaining a moderate second degree laceration. As the baby had an intellectual head, I do not apologize for the perineal tear; but I do for that in the cervix. There was a sharp post-partum hemorrhage, controlled by a packing, which was removed the day after labor. The temperature was 100.2, in the afternoon, for two days, was then normal for three weeks, followed by a week of temperature from a left femoral phlebitis, with ultimate complete recovery. Other interesting points in the puerperium were, the severity of the afterpains, similiar in character to the labor pains, and a collapse, following a dose of castor oil on the third day.

The second case, Mrs. D., primipara, 32 years old, had been in labor twelve hours, with membranes ruptured before the onset of the pains, when I first saw her. She was at that time two fingers dilated. This woman, I have since learned well to know, was of an extremely neurotic type. The description that I have just given of the ineffectual pains will fit this case perfectly. Also the inability to control the pains by any reasonable amount of morphine. In fact, the only effect from two doses of $\frac{1}{4}$ grain each, at hour intervals, was to excite the patient more than ever. I did not care to risk a third dose; so, eighteen hours after labor began, there being no further dilatation, I dilated manually as much as I could and applied forceps. I succeeded in slipping the cervix over the occiput after half an hour's work, and a few minutes later delivered a small $6\frac{1}{2}$ pounder. There was no cervical or perineal tear. The puerperium was normal.

Mrs. F., 23 years old, under my care during her second and third pregnancies, resembles the first two cases in the character of the pains, but not in the inability to control them. A previous labor, with early forceps application; a terrible amount of bleeding, a dead child, four weeks in bed, with fever, and a subsequent operation at a hospital, was the history obtained from the husband. So there was an anatomical cause for the difficult dilatation.

Under my care she had two labors, two

years apart, which were practically the same in their course.

The first was dry, the membranes rupturing before the onset of the pains. Labor was allowed to go on 48 hours before forceps were applied, during which time the patient had three rest periods, of about six hours each, under morphine. There was dilatation up to four fingers in 36 hours. After that progressive oedema of the cervix, with no further dilatation. The reason for this lack of dilatation became more and more evident as the oedema increased. There were tough, inelastic bands of scar tissue in the cervix, separating thick, doughy muscle. In spite of rest periods the patient was getting exhausted, and I was getting very anxious about infection, as I felt that the membranes had been already too long ruptured. The procedure was now manual dilatation and forceps; the result, a 9½ pound baby and a very moderate tear in one of the old scars in the cervix.

In the second labor I was looking for trouble. We started out with intact membranes, and all looked cheerful. After twelve hours the membranes broke with three fingers dilatation. After 18 hours—no advance. Then a rest, under morphine. Then six hours work, with very little result. I then dilated with the two larger sizes of Pomeroy's bags, the larger of which is about four inches across the end. After removing this bag the dilatation was still incomplete, but I thought that the patient would finish it. However, when I examined her four hours later, the cervix was oedematous, and the os smaller than at the previous examination. So I applied forceps, as in the other cases. The child weighed 7½ pounds, and this time there was no tear in the cervix.

The next case was a dry labor in a primipara, 26 years old, with a funnel-shaped pelvis. The position was L. O. A., the head well engaged, as there was no obstruction at the brim, but 48 hours after labor had begun there was a large rim of cervix still undilated. Even after two good rest periods under chloral and morphine the patient was becoming exhausted. I finished the dilatation in the manner described, getting no tear in the cervix. There was a hard pull at the outlet, but delivery was successfully accomplished, without any injury to mother, or child.

The text-book management of these cases is as follows: (1) Time and patience; (2) rest periods, under the influence of hypnotics, and opiates; (3) dilatation by bags; (4) manual dilatation.

We may say that most cases, with membranes intact, and a majority of dry labors, with the child in anterior vertex position, can be brought to complete dilatation by time and patience, with periods of rest when the patient shows signs of exhaustion. In cases where hypnotics do not give rest and sleep, where the patient's recuperative powers are becoming worn out in spite of rest, and where, on account of long ruptured membranes, there is increasing danger of infection, we must use mechanical aids to dilatation.

Full dilatation cannot be obtained by the use of bags, especially with the ordinary Champetier de Ribes. The nearest approach to it can be got with the Pomeroy bag. But the difficulties of application and dangers of malposition from the use of any bag with the head well down in the pelvis, and the almost impossibility of using the large size Pomeroy bag in a small primiparous vagina, makes these bags of very little use at this time.

Neither is manual dilatation *full* dilatation. That formidable rim of cervix, which can hold the head so firmly, remains to block the way in all full term cases. We never realize quite so well what physiological dilatation is, as when we think we have stretched a cervix well; then pull the head down into it and find how incomplete our stretching has been. For, while we may get the lateral pull on the cervix, we cannot imitate with our hands, or the bags, the pull of the longitudinal fibers which draw the cervix upward, out of the path of the presenting part. So the application of forceps at this stage, that is, after dilating as well as possible manually, is not an application with complete dilatation. I have applied forceps and pulled the head firmly down into the cervix. Holding it there by traction on the forceps with one hand, I have pulled on the anterior lip with the other. In this way I have been able to keep the cervix in a roughly circular form, increasing the dilatation by pulling with my fingers at one point while exerting counter pressure on the rest of its circumference by the pull on the head, until sufficient dilatation is obtained to slip the anterior lip up over the occiput, between it and the symphysis. The head is then free.

I have had two tears, the first rather bad, the second slight. In the first case I went too fast. It requires patience and self control *not* to go too fast.

My indications for interference have been: (1) Inability to give the patient

rest by the use of drugs when exhausted by severe and inefficient pains; (2) Exhaustion even after repeated rests; (3) Cessation of dilatation with progressive oedema of the cervix; (4) Long ruptured membranes, with consequent danger of infection.

In conclusion:—I dread the procedure, recognizing its dangers of lacerating the cervix deeply, with resulting possibilities of hemorrhage and infection, and would like to learn a way to avoid its use.

THE CORRECTION OF ERRORS OF REFRACTION AS A PROPHYLACTIC MEASURE.

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We hear a great deal at the present time about preventive medicine, but the value of the correction of errors of refraction is apt to be underestimated by the busy practitioner.

Such vague symptoms as apathy, restlessness, disinterestedness, or dislike for any work which requires a close application of the eyes, are very often due to refractive errors. School children should not be censured for an indifferent attitude toward their studies when this condition is but a manifestation of eye strain. Again, adult patients frequently have vague symptoms which are described to us in such vivid, flowery language that we may at once draw the conclusion that our patient is a neurasthenic. However, even if this should be so, we must not forget that there may be some cause for the symptoms which have become magnified in our patient's description, and that a correction of one-fourth of one diopter of astigmatism may give more relief than a cart load of bromides, or a ton of phenacetin.

A refractive error may cause headache, pain in the eyes, vertigo, epiphora, conjunctival congestion, burning sensation of the eyes, congestion of the retina and choroid, choreaform twitching of the facial muscles, heterophoria, strabismus, nystagmus, neuralgia and various nervous manifestations. Errors of refraction also predispose to conjunctivitis, blepharitis, phlyctenular conjunctivitis and keratitis, glaucoma, habit chorea, epileptiform seizures, migraine, nausea, vomiting and transitory scotoma or amblyopia.

All of these signs, symptoms and diseased conditions are interesting from a professional standpoint, and it is truly scientific research to fathom out the precise cause which produces certain definite results at a given time. But is not this an age of preventive medicine, and if so, should not this also be the time to apply the correction of refractive errors as a preventive of many abnormal conditions? In the foregoing paragraph are mentioned some of the ill effects of errors of refraction, but why should we wait for these signals of ill omen, when the cause is so easily remedied?

In 1,000 consecutive refractive cases treated at the New York Throat, Nose and Lung Hospital, the following signs, symptoms and diseases were found:

Group 1. (Most of these conditions could have been prevented by an early correction, and practically all were relieved by correcting the refractive errors.) Headache, 440, 44%; strabismus, 78, 7.8%; vertigo, 10, 1%; epiphora, 10, 1% heterophoria, 4, .4%; spasm of the lids, 2, .2%; night blindness, 2, .2%. Total, 330, 33%.

Group 2. (The refractive errors are a large predisposing factor in these cases.) Conjunctivitis, 127, 12.7%; blepharitis, 19, 1.9%; Phlyctenular conjunctivitis or keratitis, 10, 1%; muscae volitantes, 8, .8%; nystagmus, 8, .8%; glaucoma, 3, .3%; chalazion, 4, .4%; hordeolum, 3, .3%; nausea and vomiting, 1, .1%; epileptic seizures, 4, .4%; nervous symptoms, 2, .2%. Total, 189, 18.9%.

Group 3. (Prophylaxis applied.) Defective vision only, 440, 44%.

Group 4. (In which the predisposing element of the refractive errors was slight or nil.) Macula of the cornea or leucoma, 22, 2.2%; cataract, 8, .8%; choroiditis, 4, .4%; subconjunctival hemorrhage, 1, .1%; pterygium, 1, .1%; paralysis of the external rectus, 1, .1%; other diseases, 4, .4%. Total, 41, 4.1%.

Grand total, 1,000, 100%.

From the foregoing it is evident that 33% of all the abnormal conditions referable to the eyes could have been prevented, and of 18.9%, many could have been prevented. In 44% no secondary or coincident symptoms were recorded, and therefore we could not estimate the prophylactic value of the correction, but undoubtedly the improvement in the vision did much to maintain a normal visual organ, and to alleviate the nervous temperament of each individual. While in the remaining 4.1%, the prophylactic value of the correction was but slight.

Therefore, practically 52% of patients with refractive errors had signs, symptoms or diseased conditions, for which a correction of these errors was of great prophylactic value. The seed we sow needs cultivation, so the eyes of our children not rarely need attention. This is the secret of the application of the correction of errors of refraction as a prophylactic measure.

PULMONARY TUBERCULOSIS.*

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As the subject of tuberculosis is a very broad one, I have thought it best to restrict myself to the most dangerous, because, the most communicable type. The greatest part of this paper will be taken up with the diagnosis, which to my mind, is the most important portion of our work, for, by early diagnosis we are not only able to help the patient, but, by properly instructing the patient, we diminish the communicability of the disease by restricting the pernicious disposal of the sputum, mouth and nasal discharges.

Pulmonary tuberculosis is caused by the implantation and proliferation of the tubercle bacillus in lung tissue. The other etiological factors are: *Age*—most common in decades between *twenty and thirty* and *thirty and forty*. *Damp localities*—climates with frequent rapid changes which diminish the vitality. Frequent recurring *bronchitis* or whooping-cough. *Inherited tendency*, as shown by construction of chest. And last, but not least, living and working under improper hygienic conditions, as in dusty, inclosed rooms and factories with poor or no ventilation, and poor or no sunlight; also such trades as require constant stooping and leaning over, as in the machine trade (tailors, etc.). As far as race is concerned it seems to me that all races are eligible to this disease if their living and working conditions and environments are bad. In a list of 1,415 cases at the J. C. R. S. Sanatorium of Denver, I find that 425 tailors, while only five agricultural workers are listed.

The general symptoms of pulmonary tuberculosis are chills or chilliness, fever, loss of strength, loss of weight, night sweats and lowered blood pressure. Chills may be marked or may only be slight chilliness. The fever is usually *remittent*, but

may be *continuous* as in miliary T. B. of pulmonary type, or intermittent or hectic when there are large cavities. The usual type shows a change of from one to three degrees between morning and evening. It is claimed that if the rise of temperature is between 2-5 p. m., then falling, it is pathognomonic of T. B. Loss of strength usually depends somewhat on the amount of anemia and emaciation present, although it depends somewhat on the condition of the appetite and digestion. *Loss of weight* usually depends on same factors as loss of strength, but small increases of weight may occur from time to time and not show any change in lung condition, or any slowing up of the progress of the disease. *Night sweats* are not always present, these may be localized or general, and if present, are a great source of annoyance to patient. The lowered blood pressure is due to the toxemia. This is a good prognostic symptom. By watching the pressure we can readily tell how well the patient is resisting the advance of the disease. I saw two cases that illustrate this. Their lung conditions were about the same, and the patients were about the same age. One had blood pressure as low as 105 m.m.h.g. with a pulse pressure of 5. He had galloping consumption and was offering poor resistance to the disease. The other had a pressure of 125 m.m.h.g. with a pulse pressure of 10 m.m. This shows good resistance and the case will either be cured or go on to a chronic condition.

The local symptoms are cough, expectoration, pain, hemorrhage, dilated pupil and hoarseness. Of these, the most common is *cough*, which may be a hacking cough present especially in the morning or persisting all day; or may be a cough bronchitic in character and greatest when body is warmed up as on going to bed. In cases of softening and cavity formation the characteristic cough is in the morning to get rid of the accumulation of secretion during the night. *Expectoration* is rarely absent, except in miliary T. B. or very incipient chronic T. B. It varies in amount from very little to the profuse expectoration when cavities are present. At first it is mucoid in character, later it becomes muco-purulent, then purulent and at last contains material from broken-down lung tissue and tubercles and even portions of gangrenous lung. This sputum in all but the very earliest cases and in miliary T. B. contains the tubercle bacilli in varying numbers. *Pain* is present in pleuritic cases

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or may be present over sternum or in epigastrium due to constant cough. *Hemorrhage* is sometimes a very alarming symptom, but is not always dangerous. Sometimes it is the first symptoms and is then due to ruptured capillaries and is not very profuse. If hemorrhage comes late it is due to erosion of an artery stretching across a cavity and may be very profuse. *Hoarseness* may come on early or late and is not a very common symptom, usually due to a tubercular infiltration of the larynx. *Dilated pupils* are due to involvement of, or pressure upon, the sympathetic nerves by pleuritic exudate.

The forms of pulmonary tuberculosis may be divided into:

1. Acute or galloping, of which we have the following types: Miliary, Broncho-Pneumonic, Pneumonic.

2. Chronic Ulcerative which is divided into the following stages: 1. Incipient; 2. Stage of spread; 3. Stage of softening or cavity formation.

3. Fibroid Phthisis.

Miliary T. B. of pulmonary type generally produces death; very few cases are saved. There is fever more or less continuous with symptoms accompanying fever. The only physical signs might be dyspnea, cyanosis, a slight change in breathing. May get signs of bronchitis; no bacilli in sputum as rule. Bacilli in blood and spinal fluid. The *broncho-pneumonic* type of acute T. B. is most frequent in children, following measles and whooping-cough. There is persistent bronchitis with hectic temperature, but greater prostration and emaciation than ordinary bronchitis. The physical signs are those of broncho-pneumonia, more extensive in apices. May get signs of small cavities in apices, bacilli in sputum. The *pneumonic* type of acute T. B. sets in frequently as a pneumonia, and is only discovered because of prolonged resolution and lack of crisis. The sputum contains bacilli, is more muco-purulent than pneumonic sputum and is usually blood streaked. Signs of involvement of apices of other lobes always present. These cases of acute T. B. have a heavy death rate, most cases dying no matter what treatment is applied.

Chronic tuberculosis is the most important in my opinion, because it is this type of tuberculosis that is the great source of infection. The onset of this type is gradual and may manifest itself in various ways: It may simulate dyspepsia and malarial fever, or it may begin with pleurisy, laryn-

gitis, hemoptysis, lymphadenitis or bronchitis. There may be no symptoms except a slight hacking cough in the morning, which may last over a number of years. The patient as a rule is wary about being examined and is nearly always sure that he is no "lunger."

The physical signs of the incipient stage are: *On inspection*—pupils dilated, lessened expansion on affected side, usually a slight depression in supraclavicular space of affected side. *On palpation*—tenderness may be elicited over affected apex due to pleurisy, also a feeling of resistance, and there is increased vocal fremitus. *On percussion* there is slight dullness, although if compensatory emphysema is present the note may be normal. Posteriorly on percussing from above downward and outward there is a narrow strip of pulmonary resonance in the suprascapular spaces, which will not be present in incipient T. B. The upper border of this strip rises with inspiration and if we get no rise there must be some consolidation present. This is a sign I look for in every case I examine.

On auscultation—There is broncho-vesicular to bronchial breathing with whispered voice, bronchophony and rales, which at first are small sticky rales which may only be elicited by deep respiration, or after coughing, or after making the patient count as long as he can on one breath. Later the rales become larger and softer. The diagnostic value of these rales is that they are not displaced by coughing, as would be rales of atelectasis, but remain fixed.

Another sign of varying importance, and one which I have in two positive cases, is the transmission of the heart sounds in the sub and supra-clavicular regions which is supposed to be produced by pressure of pleuritic exudate on the subclavian artery. It is necessary here to call attention to the fact that the right apex, because of the supra-pulmonary branch of the right bronchus has increased vocal fremitus, is duller and has harsher breath-sounds than the left. At times the only sign we can get of pulmonary T. B. might be harsh inspiratory note. Tuberculosis affects, as a rule, the apex, a point about 1-1½ inches below the anatomical apex. Besides the apices of the upper lobes where most incipient cases start, we must not forget the apices of the lower lobes and the apex of the right middle lobe. The apices of the lower lobes begin in the third interspaces behind, while the apex of the right middle lobe is in the mid axillary space about the

level of the fifth rib. I have one case, the history of which I will read later, whose first signs were in the left axillary space at the level of the fifth rib.

Second Stage. This stage is the stage of spread. The spread is, as a rule, along definite lines, usually accompanied by more or less consolidation and by affection of the pleura. It is usually along the anterior border, or on the outer portion of the upper lobe corresponding to the first and second interspace just below the outer third of the clavicle. Next comes involvement of the apex of the lower lobe on the same side, usually at a point opposite the fifth dorsal spine in the midscapular space. These foci generally extend backward about the posterior surface of the lung and along the interlobular septa. This area of usual extension corresponds rather closely to the lower border of the scapula when the arm is raised above the level of the clavicle, and the hand carried over the opposite shoulder until the finger tips rest upon the spine of the scapula. Further involvement is, as a rule, not by extension, but by development of separate foci. Next comes involvement of the apex of the opposite upper lobe. The right middle lobe is rarely affected primarily, but is usually secondary to the apex of the right upper lobe. Therefore, in second stage T. B. we must look for foci in the apices of the two upper lobes and the apex of a lower lobe.

The physical signs of the second stage are: *On inspection*—there is more flattening of the chest in the supra and infra clavicular spaces, and if the apex of the lower lobe is involved the scapula on that side will be more prominent, while there may be some slight curvature of the spine with convexity to that side. Diminished motion, hectic flush and dilated pupils are frequently present. *On palpation*—there is increased vocal fremitus over affected area. Especial note should be taken of increased vocal fremitus in the interscapular space showing involvement of lower apices. Motion might be markedly diminished. *On percussion* the note will be from slight dullness to marked dullness, even to nearly flatness, depending on the amount of consolidation present and amount of compensatory emphysema. Dullness may be made out along the border of the sternum and extending across the chest toward the axilla. Dullness may be made out in the axillary space. If pleura is thickened will get slight dullness with increased sense of resistance. *On auscultation* the breath

sounds change in type. They may be broncho vesicular or harsh to true bronchial breathing. Bronchophony and whispering bronchophony will be marked. There is usually an accompanying bronchitis with numerous rales both dry and moist. From pleura involvement we have areas of dry pleuritic friction rales. In the secondary involved apices we get sticky mucous rales with breathing, which may range from broncho-vesicular to bronchial or tubular breathing.

Third stage, or stage of softening and cavity formation, is usually a stage of secondary infection. The breaking down being due more to the secondary germs than to the tubercle bacillus. *On inspection*—there is emaciation. There is marked depression of the supra and infra clavicular regions. The ribs as a rule are prominent, the intercostal spaces will be depressed and the scapula will stand out. Where there is marked softening the expansion, instead of being restricted by fibrosis and exudate, as in the second stage, may become free. If there is marked pleuritic involvement the expansion may be markedly diminished. Breathing is rapid, may be cogwheel in type. *On palpation*—Skin usually hot and dry unless following sweat, when it is moist and clammy. Vocal fremitus may be increased. If there is marked cavity formation and softening or marked pleuritic thickening, it will be diminished. If cavities have marked consolidation about them or open into a large tube, and are near the surface, vocal fremitus will be increased. In the supra-clavicular spaces there will be little or no expansion and marked sense of resistance. *On percussion* the main change from normal resonance is the tendency toward dullness, depending on the amount of consolidation and fibrosis present. Over cavities with tense walls near the surface we get amphoric resonance. Over cavities with lax walls we get cavernous resonance, also cracked-pot sound. If these cavities are distant, or have thick walls surrounded by areas of consolidation, the result is usually dullness more or less marked. *On percussing over cavities*, if the mouth is open, the sound produced is of a higher pitch and louder than when closed. This is called Winthrich's change of note. If an oval cavity has some fluid in it, on changing the posture of the patient from standing to lying or vice versa, there is a change in the quality of the note. This is called Gerhardt's change of note. *On auscultation*—we get various qualities of

breathing, from faint broncho-vesicular to marked tubular, depending on the condition present. The marked change from the second stage to this is the great number of rales; liquid rales of all sizes, showing liquifaction, and later, the bubbling and gurgling rales of cavities. Over cavities the breathing may be cavernous or amphoric, depending upon the tenseness of the walls; also upon the amount of fluid present in the cavity and whether the cavity does or does not communicate with bronchus. A peculiar sound, derived from cavities, is the sound of metallic tinkling, or bell resonance, produced after coughing by drops of secretion falling back into a cavity with tense walls.

Fibroid phthisis is a very chronic form of tuberculosis of the lung, which is characterized by great increase of fibrous tissue and is a conservative process. Cases last between twenty and thirty years. This disease does not markedly interfere with the ability of the patient to gain a livelihood. Four varieties of this disease may be recognized: 1. Massive or lobar; 2. Broncho-pneumonic; 3. Diffuse; 4. Pleuritic. 1. The *massive* or lobar type usually follows lobar pneumonia and is characterized by gradual fibrosis of a lobe or part of a lobe with formation of cavities and dilated bronchi. 2. The *broncho-pneumonic* type is more common than the above, and is usually a disseminated fibrosis of both lungs, with some cavity formation and dilated bronchi. There will be a marked difference in the amount of change in the different lobes, but all will be affected. 3. The *diffuse* type is the type common among workers in dust of various kinds and is due more to the irritation of the dust particles than to the direct action of T. B. 4. The *pleuritic* type is characterized by a markedly thickened pleura from which bands of fibrosis enter the parenchyma of the lung. The symptoms of fibroid phthisis are, as a rule, slight. The more conspicuous being a chronic cough with more or less profuse expectoration, depending upon the amount of bronchial dilatation, and cavities present. T. B. will be found in sputum on careful search.

The physical signs are, on *inspection*—markedly retracted supra and infra clavicular spaces, also intercostal spaces which become narrow, the shoulders may droop over the shrunken chest wall. There is usually some curvature of the spine, dilatation of the pupil may be marked, both sides being affected as a rule. If the left

upper lobe is mostly involved, the apex beat of the heart may be seen as high as the fourth or third intercostal space and to the left. If the left lower lobe be involved, apex beat may be seen in axilla. If right lung be mostly involved, apex beat may be seen towards the border of the sternum, or may be drawn under the sternum or even to the right of the sternum. On *palpation*—Vocal fremitus is, as a rule, somewhat increased, but may be diminished or absent if marked pleuritic thickening is present. On *percussion*—The predominating note is dullness. If marked pleuritic thickening is present we may get flatness, with increased sense of resistance. Amphoric note is sometimes elicited over a dilated bronchus or a cavity. The bronchi usually in the middle of the lobe or at the base, the cavities as a rule in the apex. On *auscultation* the breathing is from broncho-vesicular to tubular usually more or less distant, may be diminished or absent. In the disseminated type the vesicular element of the inspiration is absent. The expiration is prolonged, harsh and feeble. Over cavities and dilated bronchi the breathing will be cavernous, rarely amphoric. Rales are present as a rule. They have a sharp metallic character, although they may be sonorous and sibilant, as well as gurgling. Dry, leathery, creaking friction sound is usually heard at the bases, due to thickened pleura. The lobes, not markedly involved, are usually emphysematous in character.

In my opinion, every case of cough that we see, even if slight, that has lasted any length of time, should warrant a close physical examination, a tubercular reaction and a sputum examination. To illustrate this remark I will cite two cases: 1. M. S.; age 44; married; tailor; Jew; lived under fairly good hygienic conditions. Parents both dead—asthma (?) Previous history—Has had no sickness, except vague pains in bones and joints, which he was told was rheumatic. Present history—Seven years ago began to cough; has coughed since, greatly increased during last month and a half. This cough is persistent nearly all day and night, and interferes with sleeping. Expectoration moderate in amount and thick. Has had no hemoptysis, no pain in chest, no chills or fevers, and no night sweats. Has lost some weight, but no strength, digestion and appetite good, bowels regular. Examination, January 18, 1913. Resp. 28. Temp. 99.2. Pulse 112. Blood pressure 112-114. Wheezing as he

breathes. Type of chest—large, emphysematous. Inspection—increased respiration, no lagging. Palpation showed nothing. Percussion—note high pitched, somewhat woody over whole chest. Auscultation—sibilant and sonorous rales of all sizes from apex to base, front and back; at bases could hear some moist rales. Diagnosis negative, no tuberculin test made. Some difficulty with sputum; at last it was returned positive. Patient examined January 25, 1913—same as above. Patient examined February 15, 1913, when I noticed had no wheezing and found B. B. in right apex front and back with sticky rales; and B. V. B. in left lower apex in back with rales, which were masked by sibilant and sonorous rales.

Case 2. A. R.; Polish; age 22; married; occupation laborer; lives in two rooms with wife and boarder. Mother dead sixteen years, cause unknown; father alive and well. Brother and sister alive and well. No history of T. B. in family or immediate friends. Previous history: Could only remember having measles at four years of age. Present history: Has been sick for two years; frequently is nauseated; has palpitations and pain over the sternum. Cough rarely. Expectoration rarely. Never had hemoptesis. Had fever at times. No night sweats. Slight loss of weight and strength. No dyspnoea or hoarseness. Digestion fair. Appetite poor. Bowels irregular. This case was examined carefully January 10, 1913, nothing found. Blood pressure 115-140. Tuberculin negative. Sputum came back positive. Re-examined February 5th, found a few rales with broncho vesicular breathing over spot size of one-half dollar in axilla on line with nipple on left side, no signs on inspection, palpation or percussion. No apices involved. On February 15, 1913, again examined and found small area of slight dullness with broncho vesicular breathing, bronchophony and whispering bronchophony over an area about size of one-half dollar, on left, under the clavicle about two inches from axillary fold.

The Special Care of the Nervous Child.

The special care of the nervous child should begin in early infancy and be continued until after puberty. Many of the children are wholly or to a considerable extent bottle-fed babies. Every nervous baby should be fed exclusively on mother's milk for the greater part of the first year if it is possible for sufficient nourishment to be obtained from this source. If not, properly modified cow's milk is the best substitute.—Perry in Jour. Missouri Med. Assn.

Clinical Reports.

A TUMOR OBSTRUCTING LABOR.

BY SIDNEY C. KELLER, M. D.,
NEWARK, N. J.

Mrs. H., Age 28 years, married, native U. S. A., housewife, twice pregnant, each pregnancy resulting in the non-instrumental birth of healthy children. Came to my office in May, 1913, and reported herself in the sixth month of gestation, having last menstruated in November, 1912. Examination at this time showed everything to be normal and patient was told to report again in three weeks.

Nothing further was heard of her until July 8, 1913, when I was called to her home and found her condition greatly changed. Patient was confined to bed and complained of nausea, vomiting, headache, pain in her back and infrequent urination. Her entire body was swollen and puffy, and her feet and legs were so edematous that she was unable to walk.

The uterus, whose fundus was a hand's breadth above the umbilicus, was greatly distended and tender to the touch. Foetal heart sounds were audible and foetal movements visible. Her pupils were equal and responded to light. Her tongue was coated and breath foul. Temperature 100, pulse 110, full, regular and of considerable tension; respiration 30. Urine scanty, amber color, reaction acid, specific gravity 1020, albumen in moderate amount, no sugar, a few epithelium casts were present. Patient was put on milk diet and kept in bed for ten days. Calomel and salts were given frequently and large doses of infusion of digitalis and potass. acetat. At the expiration of this time the symptoms had mostly disappeared and the patient began walking about.

On August 21, at 6 A. M. labor started and at 10:30 A. M. the membranes ruptured and the second stage of labor began with the os fully dilated and the occiput engaged. The pains which were full and regular gradually advanced the oncoming head until the caput was in sight and then all pains stopped for half an hour, the head resting on the perineal floor. At 11:45 the contractions of the uterus reappeared and after a few strong pains the head was born. Restitution did not take place and had to be performed by manipulation. Although the pains were now almost continuous the shoulders did not ad-

vance, nor could ordinary traction bring them through. The child was not cyanosed and the cord could be found in its normal position and pulsating. It was in no way interfering with delivery. I allowed at least 15 minutes to elapse and seeing no progress, I delivered the shoulders by using the neck as a fulcrum, thereby making traction on the body at the same time, elevating and depressing the shoulders alternately, until the right shoulder swept over the perineum.

The child was now born up to its hips and no amount of contractions seemed to facilitate its further birth. The pains were strong and regular but the body would not advance. After waiting a reasonable time I extracted the child by force. At first the resistance was appalling and after a few moments as if something had given way, the body shot forth with tremendous force, its birth being followed by a flooding rush of blood and amniotic fluid. I examined the perineum and found it normal. I next turned my attention to the baby and here was plainly evident the cause of difficult labor. Situated at the base of the child's spine at the junction of the lumbar and sacral regions was a collapsed tumor the size of an orange; it was about 1½ inches above the anus and measured 2 inches in diameter. Its covering consisted of a thin membrane collapsed and perforated at its center where it had ruptured. It was blueish-black in color and partly distended with a sticky yellowish fluid which oozed from it. Its base was broad and gradually blended with the skin over the back. Palpitation of its base disclosed a V-shaped opening which lead into the spinal column. The spines of the lower lumbar vertebrae seemed to be absent. Between the tumor and the anus and directly over the sacrum was a puckered indentation in the skin with a pin-point opening leading toward the spine, but too small to be probed. The anus was perforated.

Labor had been prolonged and delivery prevented by this distended tumor engaging underneath the pubic spine and the birth of the child made possible only by its rupture. The child was otherwise normal. It had no paralysis but from birth was seized with convulsions, which recurred at short intervals. Its temperature always recorded 102 or above. It nursed regularly at the breast, had several normal bowel movements daily and passed its urine with ease, nevertheless continuing to lose weight and remain sleepless day and night. It died

on the twelfth day in one of its convulsive seizures. The tumor was a Syringomyelocele occurring with a spina-bifida.

Ossification in the Brachialis Anticus.

Dr. E. M. Corner reports the case of a young man who fell on his hand a few months ago, fracturing the lower end of his radius. There was no complaint of any injury or pain in the neighborhood of the elbow-joint. Later the patient discovered a painless lump in front of the elbow. A skiagram showed that this lump was due to some ossification in the brachialis anticus muscle. Presumably this was the result of a partial rupture of the muscle, done unconsciously at the same accident.—Proceedings of the Royal Society of Medicine.

Piercing the Ears of Children.

Dr. Alois Epstein, in *Zeitschrift für Kinderheilkunde*, says he has made an exhaustive study of this practice, which he finds still widespread among the poorer classes, although it is still prevalent to the extent of 50 per cent. among the upper classes. Among the unsightly results of this operation occasionally noticed are complete clefts through the pinna, openings that have been closed by cicatricial tissue, and large irregular openings, all the result of suppurative complications. Among other untoward results are erysipelas, delayed healing in children of the exudative diathesis, eczema of the lobule, and worst of all tuberculosis of the latter. The author reports two cases of this condition.

Temporosphenoïdal Abscess Following Mastoid Disease and Aural Polypus.

H. J. Davis reports the case of a girl, age 14, who was admitted to the hospital six weeks previously with vomiting, vertigo, and facial paralysis. A large aural polypus was protruding from the meatus. There had been otorrhea on and off for four years. There was no indication of mastoid tenderness. The polypus was removed and the mastoid antrum opened; the roof of the antrum was eroded and an extradural abscess was evacuated. The brain protruded into the wound, but did not pulsate; a knife was therefore passed into the temporo-sphenoïdal lobe, and three drams of pus were evacuated. The dura matter was snipped away over the brain abscess area and the wound was left open. The girl made an uninterrupted recovery.—Proceedings of the Royal Society of Medicine.

Needle in the Left Ventricle of the Heart.

Dr. William P. Northrup, of New York, reported this case at the meeting of the American Pediatric Society. He said that a punny, pale-faced, undersized, female child was brought to the dispensary of Bellevue Hospital. After the examination she was sent up for demonstration purposes as a case of congenital heart disease. There was a purring thrill and the writer thought that the case was one of those exceptional ones in which there was no cyanosis. The murmur was heard everywhere over the front of the chest, but rather loud over the belly of the left ventricle. An x-ray plate was made

which seemed to show a needle in the ventricle but the operator thought there must be some mistake and took several other pictures, all of which seemed to show the same thing. There was no hope from an operation and no hope that the child would live without one. While the surgeons were debating as to how they could get the needle the child developed bronchitis. She recovered from this and sent into the country to recuperate. She returned in a short time with pneumonia and died within twenty-four hours. The needle was found free in the left ventricle, butt-end downward. The point stuck up between the cusps of the mitral valve. The point that was free in the auricle had scratched the endocardium freely, but only in a small area. The needle was slightly corroded, but there was not much antemortem clot about it. The apex of the heart was adherent to the pericardium over an area the size of a quarter of a dollar; there was also a roughening of the pericardial surface about the adhesions. On the under side of the pericardium was a streak of rust showing the course by which the needle had traveled from the abdominal cavity to the ventricle. The needle had entered the body by way of the skin, presumably at the time of a fall a year previously.

Myiasis Aurium Accompanying the Radical Mastoid Operation.

Dr. George M. Coates, reported this case at a meeting of the Philadelphia Laryngological Society.

L. H., fourteen years old, is a student in the Pennsylvania Institution for the Blind in Philadelphia. When four and a half years of age, following scarlet fever, he lost sight of both eyes and developed a chronic suppurative otitis media which in time destroyed hearing of his right ear and so impaired that of the left that the loud spoken voice could be heard only at a few inches distance. He has been under my care for the last five years; during this time the discharge of pus has not materially decreased, for during vacation time in summer he is accustomed to go to his home in the country where he gets no treatment at all, and so loses what little improvement he has made during the winter.

A radical mastoid operation was proposed several times, although not urged on account of his blindness and the very little hearing power remaining. It was refused until this summer symptoms of cholesteatoma became marked, and consent to operation was finally obtained. At time of operation, which was done in the Pennsylvania Hospital, mastoid process was found to be extensively excavated and a sinus had opened from the cavity of antrum into posterior wall of external canal. Ossicles and tympanic membranes had long since disappeared and a thorough and careful complete radical operation was done. Posterior incision was closed completely and cavity packed through meatus with plain sterile gauze. Aseptic technic was careful and painstaking throughout. As the boy made a good recovery from the ether and had a normal temperature, packing was not removed until third day. On removing this packing a very bad stench was apparent and some forty or fifty small maggots came away with the gauze or were washed out immediately afterwards.

Ear was this time packed with iodoform gauze which was changed daily for a week and then omitted altogether and no more larvae were seen, the patient making an eventful recovery.

The patient had spent the summer on a farm and entered hospital on Thursday, August 22, 1912, being operated upon on Friday, I had not seen him since the proceeding June, until upon operating table. Ear had been douched in the ward without any larvae being discovered. Eggs must certainly have been in middle ear at time of operation, having been deposited by the fly while he was in the country, and in spite of what seemed a thorough operation a large number of them remained to develop into maggots. I am at a loss to know where they could have been unless in eustachian tube and dislodged upward by curetting, which was almost the last step of operation before ear was packed.

Stab Wounds Severing the Femoral Artery.

Reported by Dr. J. C. O'Day, Portland, Oregon, in paper in Northwest Medicine.

Tony C. Italian laborer, received a stab wound which severed the femoral artery just below its entrance into the base of Scarp's triangle. For a time the flow of blood must have been terrible because of the profound anemia present when I saw him the following day in consultation with Dr. Foster. With a first aid emergency bandage the hemorrhage had been stopped and controlled by twisting the bandage with a stick. In this condition he was sent overland fifteen miles to the Franklin Hospital. Examination showed the leg to be lifeless from the tourniquet down. Before restoring to hip amputation we decided to undertake the ant-tourniquet we opened the abdomen and clamped the external iliac. The field was well exposed and cleaned. To reunite the stumps seemed impossible. We then hit upon the idea of fracturing the shaft of the femur. This acted like a charm. Two strands of chromic, No. 2 catgut was then made to encircle the proximal stump. To this ligature was fastened both the cuffed and the overdrawn ends. The work was then reinforced by a broad flap of the fascia lata. Twelve weeks later the femur was straightened at the mere expense of three inches of shortening. Another point of special interest is the fact of the leg being nearly twenty hours without a bloody supply. The veins had sustained no injury, not even from the tourniquet. It was this case that led up to the work described in this paper.

Travels of a Nail Swallowed.

Dr. G. Rosenbaum, Philadelphia, reports this case in the N. Y. Med. Jour.:

A small and poorly nourished child, 2½ years of age, swallowed a long wire nail on December 16, 1912. Shortly after this he vomited and the vomitus was tinged with blood. The mother gave the baby purgatives and tried home remedies, but with no result. Two days later, after a dose of castor oil, the child suffered severe abdominal pain and became cyanotic for a short time. December 20 the child was referred to Rosenbaum. The temperature was 99 F., pulse 116 and respirations 28. No tenderness or rigidity of abdomen on palpation. Six skiagrams were taken, the first

on December 20 and the last on December 29, the day the nail was passed from the rectum. All told, the nail was in the alimentary tract fourteen days. Four days it lodged in the stomach and six days were required to complete the journey through the small intestine, and the remaining four days for its passage through the large intestine. The child had daily evacuations during this period, and, while it was quite restless during its stay in the ward, it was in no sense ill. The temperature never rose above normal.

Obstruction of Small Intestine Due to Adhesion of Stomach to Peritoneum in Lesser Peritoneal Cavity.

This case is reported by Dr. S. C. Mason, of Hermansville, Mich., in the *American Journal of Surgery*, July, 1913.

Mrs. A. P., aged 35, born in Sweden, three children. Well until 20 years ago, when she developed symptoms suggestive of gastric ulcer, accompanied by severe cramp-like pain in epigastrium and occasionally by convulsions.

I first saw her January 9, 1913. She had been having almost constant pain for over two weeks and vomiting of almost everything swallowed. She had been much relieved three days previously by a dose of castor oil, which produced a good movement after much pain. She complained of intense epigastric pain. Pulse 90, temperature 97.6°, respirations 20. There were localized tympanites in the left hypochondrium, tenderness in the epigastrium, and no visible peristalsis. Examination otherwise negative. Diagnosis, obstruction in upper jejunum.

At operation the proximal eight inches of jejunum were found distended and edematous. The rest of the bowel was of normal appearance. The roof of the greater peritoneal cavity was found drawn way up, causing the obstruction. The lesser peritoneal cavity was opened through the gastro-colic omentum and a peritoneal band was revealed running from the left lower portion of the cavity to a point high up on the posterior wall of the stomach, the site of an old ulcer. Division of this band relieved the obstruction. Normal convalescence.

Hirschsprung's Disease with Operation; Recovery.

Dr. H. C. Machell, Toronto, Can., reported this case at the American Pediatric Society annual meeting.

He said that he saw the child, a boy of three years, on June 10, 1912. The boy was poorly nourished, had a shallow, muddy complexion, and walked in a feeble way. The abdomen was large tense, and shiny, even in the flanks. Coils of intestine could be seen and an intestinal peristaltic wave was plainly visible at times running from the right upper abdominal to the left inguinal region. A diagnosis of Hirschsprung's disease was made and the child advised in regard to feeding and outdoor life until Fall when it was intended to do an operation. In November Dr. Arbuthnot Lane of London, Eng., performed the operation. The pelvic colon and the ileum were divided, the latter at a point close to the cecum and an anastomosis established between them. The mesentery was drawn together, closing the space in the pelvis with a purse string suture, and the

fluid end of the pelvic colon fixed to it. At the time of the operation nothing was found to account for the dilatation. The patient made an uninterrupted recovery.

Recovery in Mental Disease.

Dr. L. C. Bruce reports these cases in *The Lancet*, London, April 12, 1913:

The records of Bruce's cases are of interest in so far that they demonstrate that even apparently hopeless cases of nervous and mental disease can never be safely pronounced incurable. Case 1—Patient, male, aged 30, labors under a mild type of imbecility, and was up to eight years ago a confirmed epileptic. His epileptic seizures commenced during infancy. When he first came under Bruce's care in 1899, and up to 1904, his epileptic seizures were very frequent, averaging between 200 and 300 each month. The fits were both diurnal and nocturnal. During 1904 certain serum observations were made in order to test a statement made by Ceni to the effect that the serum of epileptic patients when taken from the body develops certain antibodies which were injected subcutaneously into the patient yielding the serum, or into other epileptic patients, have a curative power. The patient was asked to give serum for the purposes of the observation. This he readily agreed to do. During a period of six weeks blood to the amount of 40 c.c. was drawn from the median basilic vein once a week, so that during the six weeks he yielded 240 c.c. of blood. The curious fact is this, that from the day of the first bleeding up to the present (that is to say, during a period of eight years) the patient has never again suffered from a single epileptic seizure.

Case 2—Patient was a woman of 57 when she first came under Bruce's care. She suffered from recurrent attacks of folie circulaire mania with barely recognizable periods of depression. Each of the attacks of excitement lasted about six weeks, with varying intervals of sanity. Her first attack of excitement occurred when she was 27 years of age. During 1902, 1903, 1904 and 1905 she suffered from frequent attacks of mania, the onset of each attack being preceded and accompanied by an attack of nasal catarrh. She presented no other physical symptoms beyond a recurrent hyperleukocytosis of from 12,000 to 20,000 per cm. which accompanied the attacks, and the presence of a specific agglutinin in her serum to a variety of streptococcus isolated from the blood of a case of acute mania. Her opsonic index to the same organism varied between 0.4 at the commencement of an attack to 2 at the termination of an attack.

Various attempts were made by means of injections of this streptococcus to produce immunity, but without effect, and no antibacterial substance could be demonstrated in her serum as the result of these injections. In October, 1905, it was decided to try the effect of feeding the patient on living cultures of the streptococcus which her serum agglutinated. The organism was grown in sterilized broth for forty-eight hours at 37 C. and then dispensed in 10-ounce bottles, of which she took one ounce thrice daily between meals, and this course was continued for six weeks. During this period her appetite and weight increased very markedly. At the end of the six weeks' course of treatment her serum was tested for immune body and was found to contain a specific bacteriolytic substance, which was demon-

strated as follows: One part of a twenty-four hours' broth culture of the streptococcus was mixed with two parts of her serum; the mixture was drawn into a sterile pipet, which was sealed and placed in the incubator at 37 C. for three hours. A control of the serum of a healthy person was made at the same time. At the expiration of the three hours the contents of each pipet were spread on agar tubes and incubated. At the end of twenty-four hours' incubation it was found that in the tube inoculated from the patient's mixture of serum and broth culture there were only three colonies of organisms visible, while that inoculated with the pipet made from the control serum showed countless colonies. To prevent error the observation was repeated with a second control with the same result. From the date of treatment in October, 1905, to the date of discharge, December, 1907, the patient never suffered from another attack of mania, and up to the present time she has not had a relapse.

Case 3—Patient, a woman aged 32, developed melancholic symptoms, with fixed delusions and marked impairment of nutrition at 30. She presented no physical disorder beyond the condition of malnutrition, a dry harsh skin, want of appetite, constipation and an irregular hyperleukocytosis of from 12,000 to 17,000 per c.m., the increase being chiefly in the polymorphonuclear cells. All sorts of remedies were applied in her case; she was treated with thyroid, hot baths, injections of cinchinate of soda and various vaccines with practically no effect. At the end of March, 1910—i. e., four years after the onset of her illness—she contracted scarlet fever. The fever was of a mild type with little constitutional disturbance, the highest temperature being 101 F. As she convalesced from the fever a marked physical and mental improvement was noticeable, and by the end of April she had recovered. She has shown no signs of relapse up to the present time.

Abstracts from Medical Journals.

Effects of Cold Air Upon the Blood Pressure of Children with Pneumonia.

Drs. Howland and Hoobler, of St. Louis, reported the results of their study of the effect of cold air on the blood-pressure of children in the febrile stages of pneumonia and in convalescence from the disease, in the *Interstate Medical Journal*. The substance of their report is as follows:

The effect of cold fresh air in patients with active pneumonia was always to produce a rise in blood-pressure; and removal to a warm but well ventilated ward was to produce a fall in blood-pressure. The rise and fall varied in amount, but the average was about 12 mm. of mercury. The rise is not apparent for half an hour or more after being placed out of doors, and it does not reach its maximum for about two hours. Thereafter the effect is continuous for even as long as thirty hours, and no tendency for the pressure to fall, as if from exhaustion of the effect, has been observed.

On the other hand, removal from the cold air to a warm ward was always to produce a fall of blood-pressure. The fall was more rapid than the rise and usually reached its lowest point in an hour.

In convalescents the results were much less striking and often absent.

The effect is to be explained by reflex stimulation of the vasomotor centre by the action of the cold air on the skin of the face and on the nasal mucous membrane. No other part of the children was exposed, and there was no additional factor that could be supposed to play a part.

Cerebral Complications in Pneumonia.

Dr. C. F. Withington, in the *Boston Med. and Surg. Jour.*, June 26, emphasizes the fact that it is important to recognize, clinically, that in a few cases cerebral symptoms may complicate pneumonia which may be, on the one hand, either those of grave organic lesion, of which the commonest is meningitis, or on the other hand, of apparently toxic origin with little or no destruction of brain tissue. The enormous importance from the point of prognosis of this distinction is evident, but difficulty in diagnosis is sometimes insuperable. Lumbar puncture is of importance in excluding meningitis, though it is not an unfailing criterion. Examination of the fundus may be useful. Cases of encephalitis are not always to be distinguished from the functional cases, and it is possible that many cases of hemorrhage encephalitis may recover. The prognosis, if one be assured of the inorganic toxic character of the disease, would be on the whole favorable, though it is not as roseate as is indicated by some authorities. The occurrence of the symptoms in a young healthy person is more suggestive of a toxic functional character than would be the case in aged people. The toxemia is productive of diverse symptoms according as its incidence is on the central or the peripheral nervous system.

Seriousness of Rhinitis in Infants.

Dr. F. Goppert, in *Berliner Klin. Woch.*, emphasizes the clinical importance of coryza in infants as is becoming recognized more and more. We know now that the infant's "cold" is often the main cause for so-called parental diarrhea and that dyspeptic disturbances are frequently the result of the toxic influences from coryza infection. He relates a recent experience in which all the ten infants in his service contracted coryza, but nearly all had more or less diarrhea and lost rapidly in weight, some to a considerable extent. The coryza often locates in the back of the nose and it may obstruct the passages permanently, the children suffering from impeded breathing as with adenoids, retarding their development for months or even years, and liable to entail secondarily serous meningitis and pressure on the brain. He gives an illustration of one infant to show the typical aspect with this obstructive posterior rhinitis. The nostrils are wide, the nose apparently clear and sound, the expression a little anxious, the upper part of the face inclined to puffiness, and the chest short and narrow, the abdomen abnormally long in proportion. There is generally more or less meteorism, probably exaggerated by the child's swallowing air. There is also a tendency to frequent recurrence and exacerbation of the rhinitis. As the child grows and the skull becomes larger, the passages become permeable.

Hernia in Infants.

Savairaud recommends Lorthiore's operation for hernia in infants, which he has practiced in 100 cases, and with excellent results in each, in infants over six months.

For hernias of ordinary size an incision of 2 cm. is made, and after separating the subcutaneous cellular tissue and placing the testicle, hernia and spermatic cord to one side, the tissues overlying the cord are cut through and the sac is exposed and isolated. It may not be necessary to ligate the sac before removing it; the resection should be done as high as possible. The skin incision is closed with small clamps, which are left in place for twenty-four hours or longer. Primary union takes place in most cases. No dressings are needed, as the anterior wall of the inguinal canal remains intact.

The remote effects of the cure of the hernia are striking; the malnutrition and digestive disturbances so often accompanying this condition disappear very rapidly.—*La Tribune Medicale*.

Abdominal Pains.

With certain precautions, the general rule that persistent abdominal pain, unrelieved by rest and starvation, requires the abdomen to be opened, will often be the means of saving life, though very rarely it may lead to an unnecessary operation. By persistent abdominal pain, in relation to the acute conditions we are considering, it meant pain with an abrupt onset in a patient who has been in good health, which persists for more than twenty-four hours, although the patient has been kept in bed on the lightest possible diet.

Such conditions as lead colic, tabes dorsalis, tuberculous spine and aneurysm must be borne in mind, and each can usually be excluded by the absence of characteristic signs. The only condition likely to be mistaken for intestinal obstruction, in which operation will lead to disaster, is the acid intoxication of children.—R. M. Leslie, in the *Medical Press and Circular*.

New View of Sciatica.

Dr. Stoffel in *Munchener med. Woch.* expresses his belief that in this affection certain paths in the sciatic nerve are at fault. If we can locate and isolate these nerve fibers we can cure the entire disease. If centripetal fibers are involved in the process a certain amount of scoliosis develops, and undergoes involution if the affected nerve tissue can be removed. He knows no such thing as a sciatic nerve, but instead a cable of individual nerve fibres, with motor and sensory, which have to do with the rear aspect of the lower extremity. So also he knows no disease sciatica but only neuralgia as it affects one or more of the sensory paths. Before operation it is of course necessary to map out the location of the affected nerve paths. These are thereupon carefully mobilized, in order to avoid injury to motor tracts. The sensory path is first resected whereupon its ends are so treated that reunion cannot occur (this latter step may not be necessary). With this resource the author has succeeded in terminating the pains of sciatica, as well as all other symptoms of the latter. As in Foerster's operation the expected analgesia did not develop

to any unpleasant degree nor have any trophic changes been noted. The sensory path left behind undergo degeneration, which prevents all possibility of rerudescence of symptoms.

Pituitrin in Obstetrics.

Dr. J. K. Quigley in a paper on the above subject gives the following conclusions:

1. In pituitary extract we have the most powerful stimulant to uterine contraction yet discovered.
2. Its greatest value is in its use in uterine inertia.
3. The ideal time for its exhibition is in the second stage, though good results follow its employment earlier; in these cases it is usually necessary to repeat.
4. No untoward results were noted in the twenty-five cases for mother or child, such as post-partum hemorrhage or asphyxia.
5. It shortens the third stage.
6. It renders catheterization post-partum almost never necessary.

Normal and Non-Syphilitic Extracts.

Drs. Keidel and Hurwitz, Baltimore, concludes a paper on "A Comparison of Normal and Non-Syphilitic Extracts by Means of the Wassermann and Epiphanin Reactions," as follows:

1. Our observations with both the Wassermann and the epiphanin reactions would seem to indicate that syphilitic and non-syphilitic extracts are not entirely equivalent.
2. Comparative titrations of syphilitic and non-syphilitic extracts with the Wassermann reaction have shown the superiority of the former over the latter.
3. By means of the epiphanin reaction it is possible to demonstrate in serums the presence of antibodies specific for a given antigen.
4. The epiphanin reaction may be used to demonstrate the presence of antibodies in the serum of syphilitic patients.
5. Our observations would seem to point to the conclusion that these antibodies are directed against some substance or substances found only in the extracts of syphilitic tissue, and these antibodies are probably associated with the syphilitic process in a specific manner.
6. It must be borne in mind that these antibodies are not necessarily the so-called Wassermann bodies, although it is possible that they may be, in the sense of the conception of the dualistic theory as expressed by Wassermann and by Citron.

Dr. Howard Fox, of New York, in a paper entitled, "Relative Value of Mercury and Salvarsan From a Serologic Point of View," gives the following conclusions:

1. In the primary stage of syphilis, especially before the Wassermann reaction becomes positive, salvarsan is a most valuable remedy from both the serologic and clinical standpoint.
2. Repeated intravenous injections at this stage give promise of aborting the disease in a considerable percentage of cases.
3. No such promising results have ever been reported by the early administration of mercury alone.
4. It is probable that the abortive method

will prove still more effective when a combination of the two drugs is used.

5. A serologic comparison of mercury and salvarsan in later stages of syphilis fails to show any decided advantage in favor of either remedy.

Experiences With the Wassermann Test.

Dr. B. C. Corbus, Chicago, concludes a paper on "Four Years' Experience With the Wassermann Reaction in Practice," as follows:

The Wassermann reaction offers the best and most efficient guide in the management of syphilitic cases.

Results can be obtained with mercury alone and salvarsan alone, but are more quickly achieved by the combined method (salvarsan and mercury).

Treatment should be continued vigorously during the negative phase if we wish for a permanent result.

Bursitis About the Knee.

Dr. Arthur E. Barker, in the British Medical Journal, says: Simple synovitis of the knee, bursitis of the prepatellar sac, and teno synovitis, or of a bursa underlying a tendon, are essentially the same disease. In all there is distention by hypersecretion, due to subacute inflammation, the result, it may be, of overuse or strain; again, all may be the seat of septic infection through the blood or from without, and the effect is the same pathologically in all. But it has taken us a little longer to realize that just as we find gouty, tuberculous, gonorrheal and so-called pyemic affections of joints, so we may meet with the same in separate bursal structures or tendon sheaths, while the joints remain unaffected. This will sometimes explain the presence in certain obscure toxic blood conditions of painful spots or swellings in situations out of the line of the more commonly named bursae and sheaths, but in which we know that smaller or larger bursae do exist which otherwise rarely attract attention.

Newer Methods of Reducing the Mortality Operations on the Pelvic Organs.

Dr. George W. Crile, Cleveland, presents a paper on the above subject, at the meeting of the A. M. A. in Minneapolis, June, 1913.

He stated that whereas uncomplicated operations for fibroids, chronic pyosalpinx, benign tumors of the ovary, procidentia prolapse, etc., called for no special discussion, because they were all easy risks, they might become formidable operations if performed on patients with too high or too low blood pressure produced by infection, hemorrhage, or other causes. The experienced surgeon had learned to select his patients accordingly to what he knew he was able to do, and oftentimes the handicapped patient was turned aside because, for want of method, the operation could not safely be performed. The purpose of the paper was to show that nearly all such patients might be reclaimed and operated upon safely. Some eight thousand abdominal operations furnished the basis for study. In this paper Dr. Crile went into the effect of nervous strain, anesthesia, vomiting, and nausea, and showed by means of lantern slides, the changes that took place in the cells of the brain when exhausted

or fatigued. His method of operating under novocain injections locally he believed to be responsible for a greatly reduced mortality in his surgical work. In four years it has dropped from 6 per cent, to 1 per cent.

Reports of County and Local Medical Societies.

CUMBERLAND COUNTY.

Irving E. Charlesworth, M. D., Reporter.

The regular quarterly meeting of the Cumberland County Medical Society was held July 8th, at the Weatherby House, Millville. The leading feature of the meeting was the address of Dr. Alexander Armstrong, of the White Haven, Pa., Sanatorium.

Dr. Armstrong's paper was concerning tuberculosis, especially in the more recent aspects of its treatment. He said attendance at a sanatorium is beneficial particularly if one gets the sanatorium habit and then continues treatment under his family physician.

Not only is the feeding of eggs and milk important but graduated exercises are needed in some cases and the main thing is to study each case from an individual standpoint. One of the frequent mistakes made is thinking that all patients should exercise. A patient should never exercise if he has fever. When the fever subsides he may then take some exercise under proper conditions.

Dr. Armstrong was emphatic in his statement that to use cough medicine is a decided mistake. Nothing should be done to check the cough in its early stages. There are certain medicines which loosen the cough and allow expectoration and these may be used, but nothing which will check the cough.

In speaking of the work of the sanatorium, Dr. Armstrong said there were about 150 patients there in all stages of tuberculosis. Some sanatoriums limit patients to those with incipient tuberculosis, but at White Haven the only limit is the capacity.

Dr. Armstrong spoke out of his practical personal experience for he contracted tuberculosis in his work, but by judicious living and care he has been in fairly comfortable health for thirteen years.

Dr. Spence, of Leesburg, gave an interesting report of the State Medical Society and resolutions were adopted concerning the death of Dr. Joseph Tomlinson, lately of Bridgeton.

The next meeting (in October) will be held at the Cumberland County Hospital for the insane, upon invitation of Dr. T. J. Smith, the medical director, and the Freeholders.

(See extracts from the fifteenth annual report of the White Haven Hospital and Sanatorium items.—Editor)

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The Essex County Medical Society will begin the new season of medical meetings on Tuesday, October 7th, this being the annual meeting, the first under the revised by-laws, making the year begin January first and the annual meeting come in October. The change is the result of the State Society's request that for

the sake of harmony in the working of that society with its constituent county societies, also for the benefit of the members themselves, as in the receipts of the Journal by new members duly after election, the years of all the societies should be co-terminous (December 31st) and the annual meetings enough earlier to have all dues paid and the roll correct for the proper allotment of delegates to the State Society by the above date. This will, therefore, be the meeting for annual elections, but in view of the recent election in April it is commonly thought that the members will conclude to extend through the present year the terms of the officers then elected. Further plans for the season cannot, under the circumstances, be announced this month.

The Pathological Society will open a season of interesting activity and instructive exhibition of specimens, with papers by both its own members and visiting pathologists with the regular meeting in October.

The Academy of Medicine of Northern New Jersey has ready the announcements for October. Dr. Frederick J. Cotton, of Boston, will present a paper on the "Treatment of Elbow Fractures—a Mechanical Problem," on October 15th. Dr. George W. Crile, of Cleveland, promises an address in November on his latest research work, which those who have recently seen him conducting some of it, say will be of surpassing interest. On October 14th the Medical Section will hear from our own members accounts of the International Congress and the Infant Mortality Congress at London. On October 28th the Surgical Section will hear Dr. J. F. Erdman, of New York, on "Surgery of Acute Pancreatitis." The Pediatric Section will have a clinical night and so will the section on eye, ear, nose and throat.

GLOUCESTER COUNTY.

Howard A. Wilson, M. D., Reporter.

The sixteenth annual social session of the Gloucester County Medical Society was held at the Woodbury County Club, September 18th, at 6:30 P. M.

A short business meeting opened the evening, the president, Dr. R. K. Hollingshead, presiding.

Dr. L. M. Halsey, of Williamstown, and Dr. E. Z. Hilligas, of Mantua, were reported to be detained by illness and the secretary was directed to send to them messages of sympathy and good cheer, with the hope of the society for their speedy recovery.

Dr. Charles S. Heritage, of Glassboro, was gladly welcomed after a long absence, during which he had traveled extensively for the benefit of his health.

The application of Dr. E. S. Black, of Williamstown, for membership was received and referred to the board of censors.

A committee, composed of Drs. Reading, Wilson and Stout, was appointed to prepare suitable resolutions in the death of Dr. George C. Laws, of Paulsboro, to report at next meeting.

After adjournment the members, with their wives and invited guests, repaired to the dining room.

Following the dinner, Dr. G. E. Reading, in

his usual happy humor, introduced the speakers and toasts were responded to by Drs. Rugh and Franklin, of Philadelphia; H. G. Miller, Millville; J. A. Smith, Blackwood; Emma Richardson, Camden; Charles S. Heritage, Glassboro, and Hon. J. Boyd Ains, of Woodbury.

Dancing and the various amusements of the club entertained the guests until final adjournment.

PASSAIC COUNTY.

Joseph H. Oram, M. D., Reporter.

The regular meeting of the Passaic County Medical Society was held September 9th, in the Braun Building, Paterson, twenty-five members being present. Two committees were appointed, one for the selection of better quarters for the meetings; the other to be known as the Good and Welfare Committee. This being the first meeting of the fall no special scientific program had been prepared.

SUMMIT MEDICAL SOCIETY.

William J. Lamson, M. D., Secretary.

The annual meeting of the Summit Medical Society was held at the Highland Club on Friday, September 26, 1913, at 8:30 P. M. Dr. Stites entertaining and Dr. Lawrence in the chair.

The following members were present: Doctors Baker, Campbell, English, Hamill, Jaquith, Keeney, Lamson, Lawrence, Meigh, Moister, Pollard, Prout, Stites, Wolfe and Krouss.

The minutes of the previous meeting were read and approved.

There being one vacancy in the membership caused by the death of Dr. Risk, Dr. Boyles of Summit was nominated for membership.

Dr. W. J. Lamson was re-elected secretary of the Society for the coming year.

On motion of Dr. Prout, seconded by Dr. Hamill, the chairman was directed to appoint a committee of three to consider the question of enlarging the membership of the Society, to report at the next meeting. The Chair appointed the following committee: Dr. Hamill (chairman), Dr. Keeney and Dr. Lamson.

The paper of the evening was read by Dr. F. R. Haussling of Newark, on "Blood Pressure in Pregnancy." The average pressure in normal pregnancy has been given by some observers as 118 m.m. He thinks this a little high as out of 682 readings, he obtained an average of 119 plus. The normal limits he considers to be 100 to 135. Above 140 it is suspicious of pre-eclamptic condition, and 150 he considers a danger point where active treatment should be begun to overcome toxemia and prevent eclampsia.

By careful tests, if the blood pressure shows even a small but progressive rise over a period of time, much can be done to avert pre-eclampsia. Various urinary tests are not always reliable, and we have a very valuable aid to diagnosis in the estimation of blood pressure. It is also useful in differentiating between toxemia of pregnancy and other causes of albumen and casts. In eclampsia the blood pressure runs from 160 to 220. Low blood pressure is not incompatible with eclampsia, however, though it is very rare. During labor the blood

pressure is usually high, persisting even during anesthesia.

In summing up Dr. Haussling said that in blood pressure we have a valuable additional aid, but not a substitute, for urinalysis in diagnosis, of pre-eclamptic stage.

In discussion, Dr. Pollard said that the younger the pregnant woman the lower the average normal blood pressure. Dr. Hamill said that the toxemia were less in private practice than in hospital cases, because of the better care which they receive. Dr. Prout thought that careful blood pressure findings might be valuable in preventing psychoses which developed after labor. Dr. English treats the pre-eclamptic symptoms by nitroglycerin and Rochelle salts, cutting out animal food except milk, and puts the patient to bed only if the symptoms are alarming. In this way he has avoided eclampsia.

Dr. Haussling's paper was illustrated by charts showing the various blood pressure readings in normal cases and in eclampsia.

On motion the meeting was adjourned, and refreshments were served.

NOTES ON THE INTERNATIONAL CONGRESS OF MEDICINE, HELD IN LONDON, AUGUST, 1913.

By Gordon K. Dickinson, M. D.,
Jersey City.

If our Statue of Liberty were to be duplicated in London and given a size in proportion to the democracy of the town, it would excel the Woolworth Building. London is a wonder. New York City is a country village compared to it. It is prodigious in size. All its streets are crowded with people coming and going. The traffic is so great in all directions that it resembles a capillary network under the microscope with the corpuscles pushing here and there and everywhere. Any mode of traction or propulsion is accepted—the man or woman on a bicycle, the delivery-boy with a box on a tricycle, horse-drawn vehicles, automobiles, and even steam engines with cars linked on behind go puffing through the streets. Business is at the maximum. Everybody seems stirring, although idlers are lying by the hundred in the parks. Nowhere is the German "verboten." Individuality is not repressed. People with dominating ideas are allowed to exert themselves. What better place could there be for a large gathering of medical men from all quarters of the world than this great city?

The International Congress was a success from many points. The program was large and varied. The nationalities represented universal. Numerous delegates came not only from neighboring civilized countries, but from South America, India and Africa. All languages were used and many dialects, but all spoke for the one purpose—the advancement of medicine—and all had one idea in view—curing of sickness and relief of distress. All were equally

earnest. Of course, the English language predominated, but the American seemed to win out. According to the editorials in the papers, as well as the impression of ourselves, the American physicians could say more in twenty minutes, come to his point and be through than the English or the others. The Englishman's education seemed to develop the tendency to a large vocabulary, elaborate presentation and an inability to be concise, graphic and pointed.

There was a very large representation from the United States. Some coming over to read a paper, only to return immediately. It was a delightful pleasure to sit in the small, crowded room and listen to an acquaintance from America as he brought out some point and developed it much to the admiration of all present. Some of the Americans were particularly successful in obtaining and holding the attention, and were given great applause, and perhaps, no one more so than Dr. Fred H. Albee, a member of our State society. His genial manner, his lack of formality, his thorough way of presenting his argument, his cleverness and quickness in operations, all attracted attention, and it was heard from all sources that Albee had made a great hit.

Every morning some of the shining lights of medicine would deliver an address in the Albert Memorial; a great big barn of a room where no one's voice could travel more than a hundred feet and where a few hundred people looked only a handful. In the periphery of this room were booths for registration, information and other business, and in this periphery there was a constant hum and tramping of feet, so that these addresses would be better read than they were heard.

After the morning opening, different sections held their conferences, unfortunately poked away in little rooms, poorly ventilated and often at an unpleasant walking distance. Discussion was not notable, particularly to the French and German papers.

The usual entertainment in the evenings was very brilliant. It required evening dress and gloves. Those of us who were fortunate enough to have brought them along in our packs attended.

It is rumored that the Surgical Congress will also make London its gathering place in 1914.

The best and most productive thing in these large conferences is the hail-fellow feeling which comes over you when you meet a noted man or an occasional acquaintance. The spirit of fellowship does as much toward raising the profession perhaps as do research and fine argument. The large advance medicine has made in the States may be due in great part to the

numerous clubs and societies which are found here in every town, bringing us together, making us one, so that the army of medicine in America is as organized and potent as is the Kaiser's in Germany. In England there are few clubs and societies. There is not that spirit of getting together. One man does not know of the other man's work, consequently one does not help to lift the other up. But there is one great fault in America which should be controlled and which will be in time. As the Germans and English build their houses and homes of stone from the foundation to the top of the chimney, so do they build their education, slowly, firmly and completely. We in America build largely of wood, often ramshackle, incomplete and cheap. Such has been our education in medicine in times past, but with the great benefits of cross-fertilization of races, of a larger people with one language, and of the intimate association by numerous clubs bringing us together the times are rapidly building a stronger, better and more complete medical education.

Extracts from the editorial in the London Daily Telegraph of August 7th:

Probably the Medical Congress, which was opened yesterday at the Royal Albert Hall, is the greatest of its kind in history. More than seven thousand scientific men from every part of the civilized world, including the most eminent surgeons and medical specialists, have assembled in our Metropolis, while the increase in the value and importance of the meeting may be measured by the fact that when last a similar conference was held in London there were less than half the number of delegates present, and only fifteen sections and departments, as compared with the present total of twenty-three. Assuredly no element was wanting in yesterday's function which could add gravity to the occasion or enhance the welcome offered to those eminent men who have done us the honor to visit our shores. On behalf of the King, Prince Arthur of Connaught opened the Congress, and emphasised the fact that it was not England alone which was the host on this occasion, but the Empire at large, including Canada, Australia, New Zealand, South Africa, and India. It is this wide range of the gathering itself, and the various items comprised within its programme, which invest it with something more than a merely scientific glory. In its fashion the Congress also forges, as the Prince said, another link in the Imperial ideal. Sir Edward Gray offered a welcome to the delegates on behalf of his Majesty's Government in an eloquent speech which stirred the imagination and elicited the enthusiasm of his audience. "Medicine and surgery," he declared, "are as near the study of what the lay mind would call the secret of the universe as any conceivable form of science can be." Such, indeed, is the great and fruitful idea which underlies a Congress of scientific men, because to most of us—aware of the helpful work they do, conscious also of the self-sacrificing labors which have resulted

in such magnificent discoveries—these high priests of accurate and beneficent knowledge appear to hold in their hands the keys of life and death.

In the account of the opening session of the Congress, the reporter says:

Of all the happy and comprehensive phrases uttered at yesterday's inaugural sitting of the International Congress of Medicine, none, perhaps, was more apposite than that which described it as "this vast congress of learned men."

A gathering of learned men it certainly looked. Anybody possessed of the seeing eye was bound to recognize it as such. Apart from the academic, military, or other habiliments they wore, the members who from all parts of the world gathered yesterday forenoon in the Albert Hall had the appearance of learned men. You could discern it in their keen, penetrating eyes. The word "savant" seemed to be writ all over them.

A gathering of savants, as a matter of fact, is a thing apart. There is nothing quite like it. It is only at a great international congress such as the present, or on the occasion of an epoch-making anniversary in the record of some venerable seat of learning, that you can really witness it. * * * *

At eleven o'clock the strains of the National Anthem, given forth by the great organ, announced the entry of Prince Arthur of Connaught, whom the King had deputed to perform the inaugural ceremony. Instantly the entire assemblage rose to its feet. Accompanying his Royal Highness in processional order up the centre of the hall were Sir Thomas Barlow, the president of the congress, the chief congress officials, Sir Edward Grey, Secretary of State for Foreign Affairs, and the heads of various medical colleges. To the allotted places amongst the distinguished visitors went the processional party; in front sat Prince Arthur, with Sir Thomas Barlow on his right, and Sir Edward Grey on his left.

Prince Arthur's Speech.

Prince Arthur of Connaught, declaring the congress open, said:

I feel that it is hardly necessary for me to assure you what very great pleasure it affords me to be present on this occasion to welcome in our midst, in the name of the King, the representatives of all branches of medical science from every quarter of the globe, who are gathered here together today. (Cheers.)

His late Majesty, King Edward VII., as Prince of Wales, opened this congress in 1881—(cheers)—and it is a source of peculiar satisfaction to myself that it is my privilege to follow in his footsteps and to open this world-wide congress on this occasion. (Cheers.)

In 1881 Sir James Paget was president, and M. Pasteur, to whose wonderful discoveries the whole world is so much indebted, was present. Marvellous as these discoveries were considered at that time, the discovery of Rontgen rays and radium within the last few years has furnished the medical world with powerful weapons for the diagnosis and treatment of disease, and I feel sure that I am voicing the opinion of all present here today when I say that we have worthy successors of the president and representatives of the 1881 congress in the persons of Sir Thomas Barlow and the repre-

esntatives from foreign countries and the British Dominions beyond the seas assembled here today. (Cheers.)

May I remind you that, although this congress is meeting in London, it is not England alone which is the host. Canada, Australia, New Zealand, South Africa, and India are represented on the various committees, together with Englishmen—(cheers)—so it is really the Empire and not the United Kingdom which is giving this congress, thereby forging another link in the Imperial ideal. (Cheers.)

I think I may claim to have had some slight experience in international exhibitions, and I am fully sensible of the good that they do and have done in promoting relations with foreign countries, and therefore, I am convinced that even greater and more far-reaching international benefits may result from such a congress as this one, which affords opportunities for its members of acquiring and imparting knowledge to one another in a mutual exchange of ideas and discoveries.

A congress with a membership of some 8,000 persons constitutes a meeting of huge dimensions, and must surely appeal to the imagination, and, although much of the work must necessarily be of a technical character, there will be subjects of much general interest, and the best men from all over the world have been chosen to introduce them. (Cheers.)

I will not dwell on the various problems to be discussed, which will be explained by Sir Thomas Barlow, but I take this opportunity of congratulating the reception committee on the success of their labors, of which we have such evident proof today, and I have no doubt that, at the close of the congress, they will feel most fully repaid. (Cheers.)

In conclusion, I have the greatest pleasure in welcoming you here today, and I am further desired to inform you that his Majesty the King is very pleased that you are to be his guests at Windsor—(cheers)—and I venture to hope that you will find yourselves as much at home in this country as at your own homes, which, in some cases, are so far away. (Cheers.) I have much pleasure, in the name of the King, in declaring this congress to be open.

Sir E. Grey's Tribute.

Sir Edward Grey, who was cordially received, said: It is my most agreeable duty to offer this congress just opened by his Royal Highness, a welcome on behalf of his Majesty's Government.

I need scarcely say that that welcome is whole-hearted and sincere. Lord Morley has already expressed the feelings of the Government in words more eloquent and more thoughtful than mine can be, and I associate myself entirely with his tribute of respect and admiration for the work to which the congress is devoted, and for the wonderful advance which your science has made within living memory.

The congress includes so many great men of great distinction that we feel it an honor to have you assembled amongst us.

Besides, we welcome you because we know this is to be a congress that, while it accepts our welcome, cannot possibly have occasion to invite our intervention.

Science is, in the true sense of the word,

international. It has its controversies, but they are not national controversies. Men of all nations who have risen to the plane of knowledge, thought and research, that is worthy to be called science, are not separated in their work on that plane by political or national rivalries, however much individually they may share the politics and feelings of their respective nationalities or parties in other departments of life than those of science. (Cheers.)

In regard to the science of medicine and surgery, we all have an individual interest in your work to an extent that hardly exists in the case of any other science. To some sciences we look for much to add to the variety or amenity of life; but to your science we have learnt to look for the relief of suffering, which takes from life one of its greatest terrors. And if we have that individual interest not less is it true that the science of medicine and surgery appeal also to the general thought of mankind and the highest thought of mankind in no less degree than any other science.

Medicine and surgery are, I suppose, in their scientific work at least as near to the study of what a lay mind would call the secret of life, or the secret of the universe, as any conceivable form of science can be. The imagination of men waits upon your work with the expectation that at any moment you may stimulate the thought and quicken the pulse of mankind by lifting still further a little corner of the veil and showing us yet a little more of what has hitherto been mysterious, unexplained, and unintelligible. (Cheers.)

As far as the public mind is concerned, science is in one respect fortunate today; the rock of lay ignorance is no longer so intractable as it was in earlier generations. So far as the public is concerned, opposition to scientific discoveries has given way to expectation. We are more ready to welcome a new discovery than to oppose it with an old error. (Cheers.) At least I think that this is so with regard to those forms of science with which this congress is especially concerned. I will not speak with the same certainty with regard to all sciences. If, for instance, politics is included as a science I should speak with considerable hesitation, for no one is very teachable in a subject which everyone thinks that he understands. (Laughter.) But as regards the science of medicine and surgery, I do claim that the public is teachable, and not only well disposed, but grateful.

The Sovereign, the Government, and the nation would like to welcome you here with the greatest cordiality. We are all unfeignedly glad that London should be honored as the meeting-place of the congress, and by the presence of so many men of world-wide distinction, who have come from abroad to attend this congress, and to join in adding knowledge, lustre, and fame to its discussions. (Cheers.)

Use of Salvarsan.

A joint session of the Dermatology and Naval and Military Sections was held in the morning at St. Thomas's Hospital under the presidency of Sir Malcolm Morris, to discuss the treatment of disease by salvarsan and allied substances. A keen interest was shown in the meeting, which was attended not only by Pro-

fessor Ehrlich, the discoverer of salvarsan, but by Dr. Wassermann.

Dr. Ehrlich read the first paper on the subject. Referring to the dangers which attached, or were supposed to attach, to the use of his famous remedy, he said he had for months injected rabbits every second day with a dose of 0.01 gramme per kilogramme of salvarsan, which would correspond to a dose of 0.3 gramme in the human being, and no harm came to the animals.

Some remarkable facts and statistics were contained in a report by Lieut-Colonel T. W. Gibbard and Major L. W. Harrison, of the Royal Army Medical Corps, on an investigation conducted by them from the standpoint of salvarsan treatment of syphilis in the army.

In order to ascertain the most efficient and yet economical method of treating the disease with this remedy, they dealt with different series of cases on seven plans, using the drug exclusively in some cases and in conjunction with mercury in others. In the result, they found that the smallest percentage of relapses, both clinically and to the Wassermann test, followed the administration of two salvarsan and nine mercurial injections, this treatment giving 5.1 per cent. clinical and 15.4 per cent. Wassermann relapses, or a total of 20.6 per cent. relapses within one year.

A comparison between the salvarsan and the exclusively mercurial treatment showed some very remarkable results. Out of 378 cases treated with mercury alone 83 per cent. showed clinical relapses, while out of ninety-seven cases treated with mercury and salvarsan the proportion of similar relapses was only 5.1. The average time lost by each man in hospital and in attending as an out-patient was eighty-four days for the men under mercurial treatment alone, as against forty-one days for those under the combined treatment.

Considering that about 2,000 fresh cases of this disease were admitted every year to army hospitals (the total number of admissions being about 4,000), it might reasonably be expected that without any improvement on present methods the routine use of salvarsan would effect a total annual saving of between 70,000 and 80,000 hospital days.

With regard to the safety of salvarsan, Colonel Gibbard and Major Harrison reported that in over 2,500 cases they had not experienced any fatality, and they had arrived at the conclusion that it was a sufficiently safe remedy to justify its routine use in the army: but it must be entrusted only to those who were thoroughly acquainted with its indications and contra-indications and the technique of its administration.

Radium in Malignant Disease.

Dr. Robert Abbe, of New York, in a paper on the above subject, presented at the International Medical Congress, cited the following:

"The first case I treated in 1907 had been operated on by specialists many times, and by me once, many years before radium was discovered, by the radical method of splitting the larynx, excising the masses of papilloma from both cords with scissors, and applying cautery to the surfaces. Notwithstanding this, recurrences continued to take place and were excised as before. At this stage in 1907 I tested

radium for the first time, with immediate shrinkage of the tumor, though I used much less than I now advocate. Once afterward a very small recurrence showed at one cord and was snipped off, but the patient's voice has been re-established and her physician agrees with me that it is a practical cure enduring for more than six years.

"The most brilliant recent demonstration, however, is the climax of this type. A young woman of seventeen years found her fine singing voice failing and soon lost her speaking voice also. A specialist then found and removed a small tumor from the left vocal cord. The growth recurred rapidly, and in seven weeks a much larger mass was removed. Again a rapid recurrence took the form of extensive papilloma, spreading over both vocal cords. She could now speak only in a whisper, and was finding some difficulty in breathing. Her physician, in despair, brought her to me to consult about the trial of radium. I gave a hopeful outlook and applied 100 milligrams of strongest radium in a small glass capsule placed within a thin celluloid tube. This I held between the vocal cords thirty minutes. In two months the growth had entirely gone and her speaking voice was restored. In four months her full singing voice was demonstrated to a large audience. More than two years have gone by and her vocal cords remain as white and her voice as normal as ever.

"Power to control disease is not confined to skin cancer only. In illustration I show here a case of primary cancer at the root of the neck, developed to the size of half a hen's egg, which had grown so tightly to the carotid artery at its origin that its complete dissection was not possible. A flat shell of the disease was necessarily left attached to the carotid wall. Immediate post-operative use of strong radium for eight hours has resulted in immunity from disease for four years. The patient remains in perfect health as her recent photograph shows, though the invisible and inert remnant can still be palpated. Microscopic examination showed malignant cancer.

"This important field has been the subject of enthusiastic research with extraordinary results by Bumm and Voights, of Berlin; Kronig and Gauss, of Freiburg, and Werner, of Heidelberg, whose findings give renewed hope of conquest. Such startling results will come as a surprise to those only who have not seen the remarkable retrograde effected on neoplasms by radium."

Resolutions Adopted by the Congress.

The report of the Permanent Committee, which was adopted, contained a number of resolutions sent up by the sections, amongst them being the following:

The Social Evil.

That, sensible of the ravages wrought by syphilis in the health of the community, and deploring the inadequacy of existing facilities for checking its dissemination, the International Medical Congress calls upon the governments of all the countries here represented:

1. To institute a system of confidential notification of the disease to a sanitary authority, wherever such notification does not already obtain.

2. To make systematic provision for the diagnosis and treatment of all cases of syphilis not otherwise provided for.

Animal Experimentation.

That this congress records its conviction that experiments on living animals have proved of the utmost service to medicine in the past, and are indispensable to its future progress. That, accordingly, while strongly deprecating the infliction of unnecessary pain, it is our opinion alike in the interests of man and animals, that it is not desirable to restrict competent persons in the performance of such experiments.

(Notes on the International Congress to be continued in the November Journal.)

Miscellaneous Items.

Rules in Artificial Infant Feeding.

Dr. Eustace Smith, in the British Med. Journal, has formulated three simple rules for the hand feeding of infants. (1) One should take care that the infant is bathed as quickly as possible in hot water, and that his feet and legs are never allowed to get cold. (2) One should see that a sufficient variety of flavor is contained in the several meals. (3) One should see that the feeding apparatus is absolutely clean, that the food is fresh, and that the sanitary arrangements are generally in good order.

Cardiac Disease in Childhood.

Dr. P. Nobecourt, in *Journal de Medicine de Paris*, states that in general the cardiovascular troubles are less serious in children than in adults, for the heart of the former has not yet been subjected to the action of alcohol, of various diathetic disorders, or of multiple infections. It is not uncommon to see a child recover from a serious heart affection.

Those who are enlisted in the cause of eugenics will find inspiration in the words: "Religion, poetry, art, and social custom have collaborated to elevate the racial feeling into love. They ought now to collaborate again to make the racial feeling conscious in love. The altars that the ancients built to the divinities of procreation must be rebuilt. Not for men and women to assemble around them in frenzied orgies, in the red glow of sunset, but in the golden light of the morning and the joy of creative day. Family feeling, ancestor-worship, pride of pure blood will regain, in a new sense, their decisive power over emotions and actions."—Ellen Key in "Love and Marriage."

The Worry Habit.

How many physicians daily meet patients whose chief ailment comes from the habit they have of worrying over their troubles? It may be that their troubles are large; if not large, then small ones appear large. We all of us know optimistic individuals who have troubles of the major kind, but they possess sunny dispositions and brush away their cares with ease. Others manufacture troubles, if there is no other way of securing them, and sleepless nights and a general disposition to worry is the result. The physician who can successfully cultivate the habit of being sunny himself, and

can get his patients to look on the bright side, rather than the dull side of things, will always possess a valuable asset.—Medical Summary.

Ancient Hindu Surgery.

Muthu, in the Proceedings of the Royal Society of Medicine, states that surgery forms the first chapter in the Ayur Veda. Susruta, one of the fathers of Hindu medicine, says that "Surgery was the first and best of the medical sciences; less liable than any others to the fallacy of conjectural and inferential practice, pure in itself, perpetual in its applicability, the worthy place of heaven, and certain source of fame." The ancient Hindu practitioners were bold and expert surgeons, performed cystotomy, lithotomy, and embryotomy, and operated for cataract. The earliest works mention no fewer than 125 surgical instruments for ophthalmic, obstetric and other operations. They set fractures and dislocations, reduced hernia, and cured piles and fistula-in-ano. They performed amputations and abdominal section. They were experts in rhinoplastic operations. Hirschberg says: "The whole plastic surgery in Europe had taken its new flight when these cunning devices of Indian workmen became known to us. The transplanting of sensible skin flaps is also an entirely Indian method."

The Army Surgeon.

You cannot afford to stand aloof from your professional colleagues in any place. Join their associations, mingle in their meetings, give of the best of your talents, gathering here, scattering there; but everywhere showing that you are at all times faithful students, as willing to teach as to be taught. Show as most pernicious that frame of mind, too often, I fear, seen in physicians which assumes an air of superiority and limits as worthy of your communion only those with satisfactory collegiate or sartorial credentials. The passports to your fellowship should be honesty of purpose and a devotion to the highest interests of our profession, and these you will find widely diffused, sometimes apparent only when you get beneath the crust of a rough exterior.—Osler.

England's Poet Laureate a Physician.

Dr. Robert Bridges, Britain's new Poet Laureate, is in his 69th year. He was educated aristocratically at Eton and Oxford, but chose to become a physician, and for a time worked hard in London hospitals. Then, being possessed of private means, he retired before he was 40 years old and went to live at Oxford, devoting himself to the writing of his beautifully finished poems and essays. Stateliness is perhaps the distinguishing characteristic of his poetry—stateliness, gravity and a certain unusual music that has charmed many who are hard to please.

Frankfort, Ky., aims to buy the old home-
stead of Dr. Ephraim McDowell, the pioneer
celiotomist, as a permanent memorial of its
greatest citizen.

(See page 259 for additional items.)

THE JOURNAL

OF THE

Medical Society of New Jersey

OCTOBER, 1913.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL should be addressed to

WILLIAM J. CHANDLER, M. D., South Orange, N. J.

IMPORTANT NOTICE!!

Secretary Gray writes that there is some confusion concerning dues to be collected for the State Society at the coming annual meetings. He gives notice that—

New members will pay two dollars for the year ending Dec. 31, 1913, and three Dollars for the year beginning January 1, 1914.

Members in good standing will pay three dollars for the year beginning January 1, 1914. Reinstated members will pay the same together with arrearages.

In most State and National Medical Societies the dues are five dollars a year; in California they are twelve dollars.

PATRONIZE OUR ADVERTISERS

Our journal stands well when compared with other State journals, both as to the quantity and quality of its reading matter. But we should not rest satisfied with this. We should strive to make it better, larger and more attractive to the many able writers among our members. This means a larger expenditure of money. Our revenue is derived from two sources—subscriptions and advertisements. All but five or six of our members are also subscribers so that we cannot at present very materially increase our subscription list from within the society, but we can very decidedly increase our revenue by making our journal more attractive to the advertisers, and that matter

rests entirely with the individual members of the society.

The little legend inserted herewith contains the keynote:

You want a larger and better journal
YOU CAN HAVE IT BY WRITING OUR ADVERTISERS: "I SAW YOUR AD. IN OUR STATE JOURNAL."
FAVOR THOSE WHO FAVOR US

If every one of our members would act on this principle the financial problem would be speedily solved. *Patronize your advertisers.* W. J. C.

PROGRESS IN CANCER RESEARCH

To be scientific is to be accurate in our methods of investigation and our conclusions resulting therefrom. We may hold tentative beliefs, but the physician's aim should ever be to "prove all things and hold fast that which is good," until we find the better and even then not be satisfied until we are sure we have reached the best—the thoroughly demonstrated scientific verity.

In no disease do these thoughts apply with more force than that of cancer and in no disease does it seem more necessary that we should at the earliest possible moment arrive at correct, scientific conclusions as to the means necessary for its prevention and its treatment.

In our May issue we gave extracts from an article by Samuel Hopkins Adams in Collier's Weekly, in which he quotes the statement made by the Cancer Campaign Committee of the Clinical Congress of Surgeons of North America: "There is no chance of recovery except in surgery. The cancer is surely progressive so long as it, or any part of it, remains in the body."

Mr. Adams says: "Serums have proved useless, acids worse than useless. Concentrated ray treatment has been, in the main, a mere waste of time, radium no more than a palliative in extreme cases, and internal drugging wholly ineffective. Medicine has sought to cure the cancer and has lamentably failed. Now comes forward surgery, with a new, confident and provable claim, saying: 'We cannot cure the cancer, but we can save the life.' * * The campaign committee is teaching the public these main truths; Cancer is usually preventable; A large majority of cancer sufferers are curable by prompt and early treatment; The only hope is in surgery; The strong hope is

in early surgery; Time is life; delay is death."

Mr. Adams makes an able argument against the cancer quacks and their lying advertisements in newspapers and magazines and closes with these words: "Whoever issues falsehoods as to the cure of cancer without surgery is a principal, and whoever circulates them are accomplices, in wanton and wholesale murder."

We do not propose to discuss Mr. Adams' article or to call in question, or minimize the work of the surgeons in the treatment of cancer in the past. They have done a magnificent work in saving or prolonging life and their efforts would have been far more successful had they in a large proportion of their cases, been consulted in an earlier stage of the disease when operation would have given better results. We desire only to express the confident belief that the earnest and persistent research work that has engaged many of the ablest scientists—many of whom are eminent surgeons—in our own and other countries is destined in the near future to result in solving the great problems concerning the etiology, pathology and treatment of cancer. And, as the non-commercialistic, humanity-loving general practitioner is a believer and worker in the great field of preventive medicine, so we believe the true-hearted surgeon will welcome the knowledge that shall lead to the prevention and cure of cancer without the use of the knife.

We know that malignant growths when removed by the knife often recur, especially when operation has been too long delayed, or when diseased tissues have not been thoroughly removed. On the question of "recurrence" of cancer, we recall the words of Dr. Lockwood, in the *Clinical Journal*, London:

"How far are you going to trust your sense of touch for the diagnosis of carcinomatous lymph-nodes? Remember if you make a mistake on this point and remove a carcinoma on the side of the tongue, which is a small matter, you have left the patient with carcinoma, and do not try to soothe your mind by saying, when the lymph-nodes continue to grow, that she has some recurrent disease of the lymph-nodes in the neck. I do not know exactly what this word "recurrence" means, but I think it is simply a cloak for carelessness and ignorance."

We will not at present refer to the many reported cures following the employment of Coley's fluid, of fulgeration, the X-ray, the

metallic ferments, the pancreatic enzymes and of thyroid extract. We can only briefly refer to the wonderful reports on the use of radium in the treatment of malignant diseases. The *Medical Record*, September 20th, says:

"A specific cure for cancer has not yet been found—perhaps it never will be, but to say that cancer is never cured except by the knife is to assert what is disproved by the experience, not of one man but of hundreds. The idea of the utter hopelessness of malignant disease is so ingrained in the medical consciousness that it tends to kill incentive and to discourage the search for curative measures. The growth of a more hopeful sentiment would inspire the workers in cancer research and would have a by no means to be despised influence for good on the minds of the sufferers from this frightful disease. The active work of a radium institute in each of the larger cities of the country, and the publication of the annual reports of all of them in one volume would, by the mass of testimony thus presented, go far to convince the world that cancer is not always and absolutely incurable."

In the Middlesex Hospital, London, a series of remarkable improvements in advanced cancer cases treated by radium has taken place during the past six months in the cancer research wards. One of the surgeons evinced the true scientific spirit, when, in speaking of these cases, said: "We do not maintain we have *cured* these cases by radium; what we have done is to cause growths, proved microscopically to be cancerous, to disappear in a truly astounding way under radium rays."

Dr. Robert Abbe, of New York, in a paper read at the recent meeting of the International Medical Congress cited some remarkable cases. (We give a few of them on page 251.) Dr. Abbe did not base his favorable prognostications on a limited experience and hasty conclusions, but on the past ten years in 250 epitheliomas of all parts; 180 carcinomas of the tongue, throat, esophagus, rectum, uterus, breast, etc.; 50 sarcomas of the skin, parotid, bones, etc., with numerous failures, but with an ever-increasing proportion of successes, as knowledge of how to avoid errors in the application of radium increased.

Dr. A. A. Warden, of Paris, France, reports several successful cases, in a paper on "Radium and Inoperable Cancer."

We call attention to an excellent editorial in the *A. M. A. Journal* of September 20th, in which the editor says:

"The United States is allowing the radium found on its public domains to be monopolized by private persons without so far having made any provision for securing to its citizens any

benefit from it. * * * Our national government is not only allowing the deposits of what is already known to be a therapeutic agent of value to fall into the hands of private commercial interests, but also is actually a party to the exploitation of "radio-active" waters in a manner for which there is at present no justification."

Although possessing no radium producing mines, Germany has recently purchased a supply of radium and placed it at the disposal of some of its university hospitals and the German press very highly commends it. One of the leading papers says:

"To allow the traffic in this unique medicinal agent to be controlled by private firms is to upset all ideas of culture and humanity; a condition of affairs in which private gain and speculative interests are allowed to come into conflict with the health of the people, is not to be tolerated."

A bureau for the distribution of radium and mesothorium was recently founded in the Hamburg Institute for cancer and tuberculosis research, the object being to secure as large a quantity of these preparations as possible in a short time and place them at the disposal of physicians for the benefit of the public.

The Austrian Government immediately on the discovery of radium in St. Joachimsthal secured control of the mines producing radium and arranged for its scientific and medicinal utilization.

The United States should not delay in taking action on this important matter. It is not creditable to us as a nation to allow other countries to take the lead and it is not serving the highest interests of humanity. Radium is enormously expensive and government aid in securing it and placing it within proper bounds for pressing needs is essential.

OUR EXCHANGES.

The editor acknowledges with thanks the receipt of many medical journals and newspapers which come to him in exchange with our Journal. They enable him to make our Journal more valuable to our members, which is one of the principal objects of the custom on our part.

We cull from the medical journals much matter which we think will be of interest to our readers and we are always glad to have other journals take from ours freely. *We express our earnest desire for an exchange of journals with every State Society that publishes one* and there are several we shall be pleased to add to our list.

Our newspaper exchanges were suggest-

ed originally by Dr. E. L. B. Godfrey for the editor's use in securing information concerning medical men and medical matters in the various communities of our State, and also that the newspaper editors might publish items from our Journal that would be of interest to their readers and advance their knowledge concerning the betterment of personal health and local health conditions. We have found these exchanges very helpful and have taken freely from them of hospital news, editorials bearing on medical subjects and nearly all our "personal notes" have been gathered from the local papers.

It will be seen from the list, given below, that the number of newspaper exchanges is exceedingly limited—far too much so. We ask our readers to kindly use their influence with newspaper managers to extend the number of exchanges. We certainly ought to have one or more in such cities as Jersey City, Hoboken, Paterson, Orange, Elizabeth, Plainfield, Phillipsburg, Newton, Bridgeton, Atlantic City and several others.

Medical Journal Exchanges.

American Medical Association Journal, Chicago.
American Journal Clinical Medicine, Chicago.
American Journal of Obstetrics, etc., Wood & Co., New York.
American Journal of Surgery, New York.
American Medicine, New York.
American Practitioner, New York.
Critic and Guide, New York.
Interstate Medical Journal, St. Louis.
Medical Record, New York.
Medical World, Philadelphia.
Monthly Cyclopaedia and Med. Bull., Phila.
Therapeutic Gazette, Detroit.

State Society Journals.

Arizona Medical Journal, quarterly.
Arkansas—Journal Medical Society.
California State Journal of Medicine.
Delaware State Medical Journal.
Illinois Medical Journal.
Kansas—Journal of Medical Society.
Kentucky Medical Journal.
Maine—Journal of Medical Association.
Missouri—Journal State Medical Association.
New York State Journal of Medicine.
Texas State Journal of Medicine.
Virginia Medical Semi-monthly.
West Virginia Medical Journal.
Wisconsin Medical Journal.

Providence, R. I., Medical Journal, published by City Medical Association, the official organ of the Rhode Island Medical Society.

Washington Medical Annals, journal of the Medical Society of the District of Columbia.

The editor also acknowledges with thanks the receipt of the Bulletins of the Hygiene Laboratory, U. S. Public Health Service.

Newspaper Exchanges.

Received by the Editor :

Camden Daily Courier, Camden.
Daily State Gazette, Trenton.
Daily Record, Morristown.
Newark Evening News, Newark.
The Evening Journal, Vineland.
The Evening Record, Hackensack.
The Evening Times, Bayonne.

Received by the Chairman of the Publication Committee:

Bridgeton Evening News.
Camden Post-Telegram.
Elizabeth Journal.
Millville Daily Republican.
Trenton Times.

We are greatly indebted to Dr. G. K. Dickinson, of Jersey City, one of our State Society's delegates to the International Medical Congress, which met in London in August, for the whole week's issues of the London Daily Telegraph and several documents concerning the Congress. We express our thanks to him as we are thus enabled to give our readers a few of the very many interesting transactions of that great Congress. We give also some of Dr. Dickinson's impressions as to the value of the Congress.

We had hoped to receive a report—from some of our readers who attended—of the Fourth International Congress on School Hygiene, which was held in Buffalo, N. Y., August 25th to 30th. We will refer to it next month when we hope to publish one of the best papers presented, that of Dr. George J. Holmes, of Newark, on "Results of Open-Air Treatment in the Public Schools of Newark, N. J."

The Prize Essay announcement is delayed by the non-return of members of the committee from their vacation trips. It will appear next month. The subject is "The Reduction of Infant Mortality; How can it be Best Accomplished?" The essays must deal especially with the needs of New Jersey.

The editor greatly enjoyed two meetings which it was his pleasure to attend the past month. One, the meeting of the Morris County Medical Society, which was held in the State Hospital building at Morris Plains, where the members and guests were most cordially received and bountifully entertained by Dr. B. D. Evans, medical director. The annual address by the president, Dr. G. A. Becker, was practical and

excellent. We will give it to our readers next month, with some editorial comments. We enjoyed exceedingly an automobile ride after the meeting by invitation of Dr. E. Hollingshead, president of our State Society, from Morris Plains to Somerville, through one of the finest sections—with beautiful views—of New Jersey or any other State.

The other meeting was that of the annual meeting of the Pennsylvania Medical Society, September 22-26. It was probably the largest and best meeting the society has ever held. The program of the various sections were full of excellent papers, well discussed. The clinics at the various hospitals and dispensaries on Monday and Friday were full of interest and well attended. The moving pictures showing the trypanosoma Brucei; the spirochete of relapsing fever; the ameboid movements of leukocytes in the blood of the newt; the spirocheta pallida; the circulation of the blood in the tail of a tadpole, etc., were all intensely interesting and instructive. The entertainments provided for the members and the ladies fittingly represented Philadelphia's generous hospitality. We congratulate our adjoining sister society on the great success of this year's annual meeting. We shall give further notice of it in our November Journal.

Communication.

Dr. J. R. Stevenson on Syphilis Symposium.

The very interesting and highly instructive Symposium on Syphilis in the August Journal induces the writer, one who has passed the half century mark of continuous membership in the society, to send a note from his extended experience in venereal diseases and close study of their relation to the profession and to society in the first quarter of that period.

The wide discussion both in the medical and lay press of venereal diseases has made it clear that with but few exceptions syphilis is communicated by sexual intercourse. If this has been legitimate this disease could not develop unless either the male or the female had previously contracted it by inheritance or illicit sexual connection. If by inheritance then a parent must have been illegally responsible for it.

The law defines sexual intercourse out of wedlock as either fornication or adultery. Both are declared to be crimes. To require that cases of syphilis should be reported to the health authorities would be to make a public record of a crime committed by the patient, the life partner or a parent, which must stand forever against them. It is hardly to be expected that under such a status anyone would confess to either fornication or adultery, there-

fore the responsibility for reporting and recording this family stigma would fall upon the medical attendant. Is the profession prepared to assume it?

In discussing the subject of instruction in sexual hygiene, it is well to consider how it can be done. Dr. Worl, in his address, has pointed out three channels, viz: to enforce the law through the police power; to inculcate the moral side by the church, and teaching prophylaxis and treatment by the medical profession. There is a fourth one, the influencing of public opinion. From prehistoric times down to the present the stricken woman and not the man has been ostracized. Just or unjust this seems to be nature's way for the preservation of the species.

Our profession is only specifically interested in the medical side of this sociology. Of all human passions the sexual one is the most masterful. Under normal conditions it lies dormant until the thirteenth year. To arouse it prematurely is likely to open the door to an increase in the social evil. There is an old adage which says, "Let sleeping dogs lie." After this year the curriculum of the best schools lead indirectly to the solution of the sex problem.

Dr. Worl has indicated five methods by which physicians can wisely and effectively combat the social evil. The sixth one the "teaching of these subjects in our public schools" is open to objections, thereby some religious bodies are considering the advisability of their members withdrawing their children from attendance at them if instruction in sexual hygiene is introduced. This would seriously undermine the great bulwark of free government.

John R. Stevenson,
Haddonfield, N. J.

September 9, 1913.

Syphilis and the Nervous System.

Dr. Joseph Collins, of New York, delivered the oration in medicine—on the above subject—at the annual meeting of the Illinois Medical Society in May, and it is published in the A. M. A. Journal of September 13th. In it he refers to a previous paper in the A. M. A. J.—June 22, 1912, in which he said: "Salvarsan has not replaced mercury, perhaps it never will. Today these two agencies are used side by side, one often supplementary to the other. The therapeutic potentialities of salvarsan, however, are not yet fully shown. We are convinced that in the treatment of diseases of the nerves that flow out of syphilis, far better results attend the use of salvarsan than of mercury." Dr. Collins, in his oration this year, says: "Our added experience of the past year justifies us in repeating that statement." We give the following concluding paragraphs of his oration.—Editor.

How Shall Salvarsan Be Administered in Syphilitic Nervous Diseases?

Nothing could be more inimical to the establishment of the real worth of salvarsan than the impression or belief that was widely disseminated in the first months of its use that one or two or three doses of salvarsan cured syphilis. It is possible indeed that such administration may cure some cases of syphilis, but it is possible, indeed certain, that syphilis is a self-eliminating disease in many instances.

Once the spirchetes have become entrenched in whatever part of the viscera they find warmest reception, from whence they cause structural disease, then it requires repeated doses of salvarsan to cure, if salvarsan cures at all. The longer we use it the more we become conversant with its therapeutic capabilities, the more convinced we are that the dose of salvarsan must be repeated, not once or twice or three times, but perhaps twelve or twenty times, and that its action or its effect must be supplemented by the use of mercury.

The plan of treatment which we adopt at present is to administer four doses of neosalvarsan (to men 0.9 and to women 0.5 gm.) intravenously every fourth or fifth day for four doses. At the end of this time examination is made of their blood and cerebrospinal fluid. If a profound impression has been made on these tissues an interval of a month is allowed to elapse without further treatment. If it has not, the patient is put on large and increasing doses of mercury administered in one or two forms, either the salicylate from one-half to two-grain doses suspended in benzoal and given intramuscularly, or the mercuric bichlorid from one-eighth to one-half grain combined with cocain and given intramuscularly every day or every second day; depending on effects. After the patient has been under such mercurial treatment for a period varying from three to four weeks, the laboratory examinations are repeated. We then determine from a consideration of the objective features of the disease, from the statement of the patient and from the laboratory findings, when the salvarsan shall be repeated. Usually the series is repeated within three months. This plan of treatment is adhered to till the evidences of syphilis in the serum and cerebrospinal fluid disappear.

It is my belief now as it has been formerly that such remote evidence of destruction of certain pathways in the central nervous system as the Argyll Robertson pupil, and the abolition of the tendon-jerks, do not disappear even though the disease be arrested, which it frequently is, unquestionably.

Danger Attending the Administration of Salvarsan.

The dangers of salvarsan administration have been exaggerated. In nearly 1,000 administrations we have seen serious consequences follow the use of the remedy in one instance only. The patient, a young woman who complained of weakness, nervousness and general inability to work and whose blood-serum was strongly positive, developed a few hours after 0.6 injection of salvarsan intravenously the symptoms of transverse myelitis. She recovered completely in four months. The lesion in that instance was probably of the nature of an edema of the cord rather than inflammation. Severe toxic effects of the drug we have seen in four instances. They are those characteristic of acute arsenical poisoning. In only one of these were the symptoms so acute as to give rise to apprehension. They were readily controlled by the free administration of magnesium carbonate and by the use of colon irrigation and hot baths. I have had no cases of blindness which at one time it was freely said salvarsan was likely to cause. Nor have I seen nephritis follow its administration. I do not hesitate to administer it in patients who have optic nerve involvement as a result of syphilis.

The Effects of Salvarsan Administration.

The immediate effects, that is within the twenty-four hours, are variable. Their occurrence depends in a measure on the preparation of the patient and the correctness of the technique of administration. When every precaution is taken some patients nevertheless have a rigor, slight rise of temperature, up to 100, and usually diarrhea within five hours after the salvarsan has been given. In one instance only have I seen a patient have a sense of cardiac oppression after the injection and I have never seen pain, headache or backache which was not more properly attributable to lumbar puncture.

The remote after-effects, that is, after a few days, is almost invariably a feeling of buoyancy, increase of weight, and what is meant by improvement of the general health.

The contra-indications to the use of salvarsan are nephritis and advanced nephritis and advanced arterio-sclerosis.

All things considered the intravenous method of administration is preferable. Neosalvarsan has advantages over salvarsan inasmuch as it is more easily soluble; it does not need to be neutralized; it is probably less toxic and it is simplicity itself to prepare (namely, mix it with 150 c.c. of sterile freshly distilled water). Despite these advantages my belief is that it is anti-syphilitic agency quite inferior to salvarsan and that the results we have obtained from the administration of neosalvarsan are not so good as those from salvarsan.

What then, finally, is my message? It is that syphilis is still a scourge to our people, hidden in the folds of the cloak of shame. Its occurrence must be checked by enlightening the people, men, women and youth. Its activity must be curtailed by prompt, vigorous and appropriate treatment. Its manifestations, it matters not in what tissues or organs they appear, constitute syphilis and it is this and not the disease of the organ or tissue that must be treated.

INHERITANCE IN EPILEPSY.

Dr. T. J. Schwab, in the May issue of the *Interstate Medical Journal*, St. Louis, gives a very able review of recent literature on the inheritance of nervous and mental diseases. We give the substance of his recent review of Bulletin No. 4 of the Record Office, at Cold Springs Harbor, of inheritance in epilepsy by Drs. Davenport and Weeks, Editor.

Epilepsy is employed by them in a rather wide sense, including not only cases of well-marked convulsions, but also cases in which there has been only momentary loss of consciousness. Given epilepsy thus defined, the problem is to determine what laws, if any, are followed in its occurrence in successive generations, and how often does it arise *de nova* in a strain showing elsewhere no mental weakness; what is its relation to alcoholism, to paralysis, to migraine, and other symptoms of loss of neural strength. The answers to these questions can be reached only by a study of the pedigrees of families containing epilepsy, in which the psychic history of numerous members is precisely known. This study is based upon a number of pedigrees of the New Jersey State Village for epileptics at Skillman, N. J. The data were obtained by skilled field workers of the Eugenic Record Office, who were assigned

to that Village. These women visited the homes of patients, interviewed the parents, other relatives and physician, for the purpose of securing accurate accounts of the mental history, environmental conditions, diseases and causes of death of as many relatives as possible of the patients. The number and separation of pedigrees which were used in the present study were one hundred and seventy-seven. The total number of epilepsies analyzed is two hundred and six. The data obtained in this way have been analyzed by the method commonly employed by biologists known as the Mendelian method. This method assumes that the inheritance of any character is not from the parents, grandparents, etc., but from a germ-plasm, out of which every fraternity and its parents and other relatives have arisen. The bodies of persons as we know them serve as imperfect indices to the nature of the germ-plasm from which they spring. The relation of soma and germ-plasm is as follows:

1. If the soma lacks a unit character upon which normal development depends, that is *prima facie* evidence that the representative of that character is absent from its germ-plasm; consequently such a person cannot transmit the character in question.

2. If the soma has the unit character for normal development, that is evidence that the germ-plasm has the corresponding determiner. But either one of two cases is possible: (a) The determiner was derived from both sides of the house, so that it is double in the germ-plasm and all the germ cells have the character; or else (b) it came from one side of the house only, in which case it is single in the germ-plasm and half of the germ cells have and half lack the character. The condition in the case when the determiner is absent may be called the nulliplex.

The following conclusions are set down:

1. The method of field-study of epileptic families combined with the modern biological methods of analysis of hereditary data constitutes a vastly improved means of inquiry into inheritance of epilepsy.

2. Epilepsy and feeble-mindedness show a great similarity of behavior in heredity, supporting the hypothesis that each is due to the absence of a protoplasmic factor that determines complete nervous development.

3. When both parents are either epileptic or feeble-minded all their offspring are so likewise.

4. The conditions named migraine, chorea, paralysis and extreme nervousness behave as though due to a simplex condition of the protoplasmic factor that conditions complete nervous development, i. e., persons belonging to these classes usually carry some wholly defective germ cells. Such persons may be called "tainted."

5. When such a tainted individual is mated to a defective about one-half of the offspring are defective.

6. When a simplex normal is mated with a defective about half the offspring are normal; the others defective or neurotic.

7. When both parents are simplex in nervous development and "tainted" about one-quarter (actually 30 per cent.) are defective.

8. The proportion of tainted offspring is not noticeably higher when both parents show the same nervous defect.

9. Normal parents that have epileptic offspring usually show gross nervous defect in their close relatives.

10. While we recognize that epilepsy is a complex, yet there is a classical type numerically so preponderant that, in the mass, epilepsy acts like a unit defect.

11. Our data point to a poisoning in slight degree of germ cells by alcohol, but the evidence is hardly crucial.

12. There is evidence that in epileptic strains the proportion of epileptic children in the latest complete generation is double that of the preceding; but there is no evidence that in these epileptic strains the average number of children in a fraternity is greater than in the population at large. Provided marriage matings continue as at present and no additional restraint is imposed, the proportion of epileptics in New Jersey would double every thirty years.

13. The most effective mode of preventing the increase of epileptics that society would probably countenance is the segregation during the reproductive period of all epileptics.

MISCELLANEOUS ITEMS.

(Continued from page 252, received too late for insertion under usual headings.)

As the Journal goes to press we hear of the death of Dr. William H. Schenck, of Flemington, which occurred on September 28th. He was 87 years of age—The oldest physician in Flemington and the oldest member of the Hunterdon County Society. Further notice will be given next month.

Prussian Government Buys Radium.

A special despatch to the New York Sun states that the Prussian Government has purchased a gram of radium at a cost of \$87,500 for hospital and scientific use, and that Professor Hys is making an appeal to the nation to subscribe to a fund for the purchase of radium. This fund has already reached \$200,000.

Examination of Candidate for Ass't Surgeon.

An examination is announced for the position of Assistant Surgeon in the Public Health Service at a salary of \$2,000 a year with the privilege of examination for promotion with an increase of salary at the end of four years. Boards of commissioned medical officers will be convened to meet at the Bureau of Public Health Service, 3 B street, S.E., Washington, D. C., and at the Marine Hospitals of Boston, Mass., Chicago, Ill., St. Louis, Mo., New Orleans, La., and San Francisco, Cal., on Monday, October 20, 1913, at 10 o'clock A. M. for the purpose of examining candidates. Further information in regard to requirements and invitation to appear before the board of examiners may be obtained by addressing the Surgeon-General Public Health Service, Washington, D. C. The announcement states that successful candidates will receive early appointments.

Are Anti-Vivisectionists Mental Defectives?

Dr. John B. Deever, of Philadelphia, read a paper on "cancer" at the annual meeting of

the Pennsylvania Medical Society last month, when, after noting the alarming increase in cancer, he said that those persons who objected to the use of lower animals for scientific investigation were "cranks, fanatics and mental defectives."

Malarial fever is epidemic in the west end of Plainfield. One physician reported twenty-six families afflicted. The local health board found the source of the malaria in two filthy ponds, where mosquitoes are bred.

Dr. Henry O. Carhart, Blairstown, has been renominated for Assemblyman from Warren County.

Dr. Alfred Cramer, Camden, and family, have returned home from their three months' stay at Cape May.

Dr. Wells P. Eagleton, Newark, has returned from his two months' sojourn in Europe.

Dr. Frederick P. Wilbur, Franklin Furnace, has been nominated for the Common Council on the Republican ticket, and the sensation of the primary election was his nomination also as a member of the Democratic County Committee.

Dr. J. Howard Gould, Bayonne, on September 27th won, the Challenge Cup given by the First National Bank in the contest of the Y. M. C. A. Tennis Club.

Dr. Otto Wagner, Elizabeth, expects to leave the first week in October for his vacation, going to his old home in Germany.

Editorials from Medical Journals

Newspaper Editorials and Advertisements.

The value of a news item in a newspaper is dependent upon the latter's reputation for reliability. An editorial opinion is of value only when it represents the honest thought of the editor, and the tremendous power for good or evil wielded by the public press cannot be confined to the news and editorial columns. If we believe and respect these, we must believe that the same truthfulness and honesty of purpose extends to the advertising columns, and the honest editor cannot shirk the responsibility which goes with the appearance of an advertisement of a worthless product or wilful misstatement regarding the value of an advertised article.

The propaganda for reform has reached a stage where a newspaper cannot afford to advertise a fake and a fraud. Present dividends are not to be compared with future usefulness, for when usefulness ceases, as it will when its utterances are not respected and believed, dividends also cease.

The public press of this State has not yet seen the light, and financial considerations still influence the advertising columns. While they fill their editorial pages with righteous indignation regarding the impure milk supply, the failure to safeguard the public by proper precautions against tuberculous and tainted meats, and the contamination of potable waters, they admit to their advertising columns nauseous praise of nostrums proven to be false in their claims, which are a menace to health and an

actual cause of death. We do not exaggerate when we say that death following the excessive use of toxic drugs and like nostrums, or dependent upon the fact that reliance on their supposed virtues has prevented or delayed more efficient measures, occurs twenty times to every one which may be ascribed to the common drinking cup to contaminated milk supply or tuberculous beef, and, indeed, to all the rest of the possible sources of infection which receive so much attention in this day of preventive medicine.

"Rheumatoses" of Nasal Origin.

From the Medical Record, May 24th.

The expression "rheumatoses" is sometimes heard in connection with minor affections which have a distinct rheumatic component, such as erythema nodosum, peliosis rheumatica, and chorea minor. The term serves to distinguish these from the frankly rheumatic affections of the synovial membranes, tendon sheaths, endocardium, etc. At a recent meeting of the Freiburg Medical Society (Munchener medizinische Wochenschrift, April 8). Senator, who has identified himself with the occasional endonasal origin of rheumatism per se, made the claim that the "rheumatoses" may exhibit a similar origin. A case of a child was cited in which the removal of adenoids was followed by chorea minor. It is known that this operation is not infrequently followed by infection. The author has seen one case analogous to the preceding. The recorded cases of rheumatic, or at least rheumatoid infection, and of rheumatoses, which have been noted after tonsillitis, sinusitis, and other spontaneous conditions, as well as after endonasal and endopharyngeal operations, while few in number, possess an unequivocal character which should form a datum for future studies.

Use of Pituitrin in Obstetric Practice.

Dr. Wile, in American Jour. of Surgery.

Any therapeutic agent which will serve to lessen the mortality or the debilitating effects of childbirth should be welcome to the obstetrician as well as being of immense value to the feminine portion of the community. Pituitrin bids fair to be of unusual service in conservative obstetrics. A therapeutic agent capable of lessening the necessity of surgical interference possesses a wide scope of usefulness.

Gruenbaum (Munch. med. Wochenschr., September, 1912) has emphasized the fact that pituitrin frequently obviates the necessity of applying forceps. Aubert has demonstrated in the Maternity Hospital of Geneva that the percentage of forceps operation has fallen within one year from 5 to 2.26, as a result of the use of this agent. Vogt has stated that the use of this drug in cases of contracted pelvis has lessened the necessity of a forcep operation in his experience in Dresden. Liepman has enthusiastically advocated that forceps should not be used until after the hypophyseal extract has been used. He even believes that Cesarean section should not be attempted previous to the administration of this therapeutic agent. Apparently the prophylactic value of this new agent represents a field of activity which requires thorough investigation with a view to determining its exact place in the prevention

of the severe obstetrical procedures which are all too frequent at the present time.

If pituitrin succeeds in lessening the use of forceps it will have accomplished a great result. Vogt, Hamm, Studeny, and various other obstetricians have brought very suggestive evidence to indicate that, in their experience at least, the necessity of using forceps has been reduced to an almost negligible minimum. The value of the decreased frequency of forceps operation is manifest not only in the decreased harmful results upon the mother, but also in the prevention of lacerations, contusions, hemorrhages and paralyses among the infants.

The social significance of pituitrin is enhanced in that while it is effective in producing uterine contractions after labor has begun, it apparently is of no service for the induction of an abortion. Its prophylactic value in lessening the injury to the mother and to the child recommends it as a therapeutic agent worthy of consideration by the conservative obstetrician. The verdict of the investigations is that its administration rarely produces any harmful action upon either the mother or the child. The exact place which this drug will occupy in obstetric practice is still sub judice. In the interests of society it is to be hoped that the performances of the future will substantiate the promises of the present.

Cheap Surgery.

(From the Wisconsin Medical Journal.)

On another page of this number of the journal is printed a letter to the editor from a physician in a neighboring State on the subject of cheap surgery. Green Bay is the city mentioned in the communication and we shall be glad to present the views of the Green Bay surgeons if any of them wish to give their ideas on this very practical and interesting subject. Whether or not the charge is true with reference to Green Bay the editor is not in a position to judge, but it is true of so many localities that it is worth stopping for a few minutes to consider the matter.

A few extracts from the Principles of Medical Ethics may help us to see the different aspects of the situation: "A profession has for its prime object the service it can render to humanity; reward or financial gain should be a subordinate consideration. The practice of medicine is a profession. In choosing this profession an individual assumes an obligation to conduct himself in accord with its ideals." And again: "The poverty of a patient * * * should command the gratuitous services of a physician." And again: "It is unprofessional for a physician to dispose of his services under conditions that make it impossible to render adequate service to his patient or which interfere with reasonable competition among the physicians of a community. To do this is detrimental to the public and to the individual physician, and lowers the dignity of the profession."

One of the most frequent reproaches cast upon our surgical brethren is that their charges are sometimes too large, quite out of proportion to the fees charged by the ordinary practitioner of medicine. It is therefore a novelty

to have to stop and examine the possibility of the injury which may result to the profession as a whole from too small a charge. Of course there are in every community people who cannot afford to pay more than twenty-five dollars for an operation, no matter how complicated or difficult it may be, just as there are people needing operations who have no money at all. Both of these classes of patients have received and always will receive the services of our profession, for we should be proud and thankful to say that as a profession we have not forgotten that "the poverty of a patient should command the gratuitous services of a physician."

But when it comes to a consideration of those who can pay a reasonable fee for the attention required, where should the line be drawn? Let the man who is doing "cut-price" surgery examine himself for a moment. Does he imagine that he is doing it to render a service to humanity? If he does he is trying to pull the wool over his own eyes. He is out for the financial gain which should be the subordinate consideration. But he has figured it out that a hundred times twenty-five is very much the same as twenty-five times a hundred.

But let him remember that "in choosing his profession an individual assumes an obligation to conduct himself in accord with its ideals," and that one of its ideals is that "it is unprofessional for a physician to dispose of his services under condition which interfere with reasonable competition." Now, the kind of competition we hear of in the letter from our brother in Michigan is not "reasonable competition," it is the competition of greed, not that of fair play. It is exactly the kind of competition which is "detrimental to the public and to the individual physician, and lowers the dignity of the profession." Thorough, honest, conscientious surgical service cannot profitably be rendered with twenty-five dollars as a standard price for major operative work. Who is to blame?

Exploiting the Doctor.

From the Texas State Jour. of Medicine.

We do not care to enter into a discussion of the problem at the present time, because of lack of space for a thorough consideration. We desire, however, to warn the profession against entering hastily into any combination wherein medical services are sold for an inadequate consideration. On the face of it, any proposition of this character can be made to look good and perfectly ethical, but there is usually an under-current which will ultimately work destruction to the physician in proportion to the profit yielded to the promoters. It is quite possible that the claims of the promoters of such enterprises will double the income of certain physicians, but it cannot possibly double the income of any considerable proportion of the whole and do justice to their patrons, and it is to the whole profession that we speak. We leave it to the reader whether any enterprise which corners the practice of medicine for certain select individuals is ethical. The test of the whole matter is whether such a movement is an economic necessity. If so, it is entirely proper that such arrangements be made, provide the pay for the physician is fair and in proportion to the other expenses of the

people served. For instance, in the more scrupulous sections of our country there are people who are barely able to live on the best income available, and these people are for the most part, served by free clinics. It would be entirely proper to arrange for health insurance among these people at a very low rate. It would manifestly be unfair to apply the same rates to a class of people able to pay an adequate fee, and most of our health insurance organizations of the type complained of secure their business on the plea that the services of the physician will be secured through their respective organizations cheaper than they can secure it otherwise. When it is considered that the cost of operating such a scheme is considerable, it is clear that somebody is going to get the worst of the deal. We can lay it down as a general principle that the physician is entitled to expert fees if he can get them, much as the lawyer calculates the charges for his services, and anything which tends to interfere with his opportunity is not to the interest of the medical profession. If we are ready to socialize the practice of medicine and become time servers instead of experts, it is well enough to take up such proposition as are being urged upon us at the present time, concerning ourselves solely with the extent of the remuneration offered; if not, we should kindly but firmly decline to enter into any such combination. It is an exceedingly difficult matter to explain to a business man just why the practice of medicine cannot be commercialized, and many laymen are honest in their intentions in promoting such enterprises.

Be Your Own Doctor.

From Amer. Jour. of Clinical Medicine.

One of the readers of Clinical Medicine, Dr. R. W. McCollum, of Farber, Missouri, sends us the circular of a certain concern which advertises a line of household remedies. As to the nature of these remedies, we have no way of knowing. They are to be identified by such terms as "cold remedy," "sore throat remedy," "kidney remedy," "stomach remedy," "worm remedy," "catarrh remedy," "whooping-cough remedy," etc., but the purchaser is urgently advised to use these preparations and "stop paying doctors' bills."

Having no information as to what these things contain, we are not in a position to say whether they are good, bad or dangerous. So far as we know, they may be excellent, but we are sure that no physician who is interested in the welfare of his patients would dare to suggest to any of the families whom he attends that they should use these unidentified drugs. For all we know, they may contain toxic or habit-forming drugs. Therefore, we would say to the doctor, should he be asked by anyone as to whether they ought to use secret remedies of this class to answer, No, don't use them."

However, that doesn't mean that your patient should get along without household remedies of any kind. However desirable it may be (and we all know that it is desirable) that your clientele come to you whenever they have an ailment, no matter how slight, you can depend upon it that they won't. The average family cannot afford to send for a doctor every time baby has the colic or grandma has a cough.

This being the case, isn't it far better that the physician make it a practice to advise the people as to what they ought to use for the simple ailments? To place in their hands harmless remedies for the ordinary ills is far better than to let them spend their good money for all kinds of patent nostrums or such remedies as the too-obliging druggist may suggest.

You know what every family probably will need. Talk things over with them frankly, and see to it that they are supplied with such things as simple laxatives, harmless remedies for colds, something for the temporary relief of pain—until the doctor can come—something to relieve the baby's colic, a remedy for simple indigestion, and so on. However, in providing people with these simple remedies, always embrace the opportunity to explain how easy it is for the simple ailment to become a severe one, and warn them not to wait too long before calling the doctor. The physician who in this way keeps in touch with each family's minor ailments, and who is accepted as the advisor-in-general in all matters concerning their health, is in a most favorable position to prevent the development of disease beyond the point where it is difficult to control.

Editorials from the Lay Press.

Economizing Life.

From Collier's Weekly, July 19th.

Polysyllabic subjects were the invariable order a few years back in medical discussions. How great a change has come over the professional spirit of the doctors is suggested by the favor with which two presentations, both monosyllabic as to subject, and neither medical in the technical sense, were received at the recent convention of the American Medical Association at Minneapolis. One was a paper on ice; the other a series of charts on milk; both the work of Dr. J. R. Williams, of Rochester, N. Y. If any meaning is left to the overworked word "sensational," that term may surely be applied, in no malign sense, to Dr. William's statement, backed up by proof, that the average refrigerator is only 30 per cent. efficient; that 70 per cent. of the ice power is used up in overcoming heat which percolates in from without. Wasted ice in a hot spell means not only wasted food but often wasted lives from spoiled food. The vitally important point brought out by the milk charts had to do with the simple matter of wagon routes. Both graphically and by carefully collated figures, Dr. Williams showed that in Rochester, whose system is that of practically all the American cities, there is a tremendous economic waste in milk delivery; that in one section of the city a large number of delivery wagons covered nearly forty miles to distribute a supply which could have been distributed by the concentrated effort of a single concern in three and a half miles of travel. At first sight this may seem to be a nonmedical matter. But the possible saving in labor would mean a decrease of 2 cents per quart in the price of milk. That is often the margin between good milk and bad milk. And the margin between life and death to thousands of children in this country every summer. Evi-

dently the doctor of the future, to whom the public must look for health protection, will be, besides many other things, a practical economist.

Increase in Insanity - Decrease of Birthrate.

(From "The Nation," Sept. 18th.)

Two calamities are threatening the human race, according to reports from Colorado Springs, where the American Public Health Association is now meeting. One is the increase of insanity, and the other is the decrease in the birthrate. As envisaged by one headline writer, the future presents a spectacle in which nobody will be born and everybody will be out of his mind. Fortunately, this condition of affairs promises something of the same consolation offered to the Irishman who received three serious wounds, one of which was bound to be fatal, but from the other two of which he might recover. A "birthless" race need not shrink from the advancing cloud of insanity, and an insane race is not apt to care much whether it is born or not. Lest, however, some timid person should refuse to see how the one evil cancels the other, let him turn from Colorado Springs to Birmingham, England, where recently the Association for Advancement of Science was greatly concerned with the problem of over-population and food supply. People are still born in numbers sufficiently large to worry the scientists as to where sustenance for all of them is coming from. Or is it our duty to reconcile the findings of Birmingham and Colorado Springs and to look forward to a non-existent race of lunatics with nothing to eat?

Woman's True Glory.

From the State Gazette, Trenton.

Ladies who move in the higher circles of society are, at this time, taking a lively interest in the masses. Some of them want to oversee the matchings and the marriages of the inferior classes to the end that there may really be only the survival of the fittest.

These altruistic ladies are, we presume, themselves happy wives and faithful mothers. They admit, no doubt, that a woman not a mother is not qualified to meddle with other mothers or interfere with the love affairs of young girls who may eventually become wives and mothers.

A few days ago a physician delivered a pessimistic address before a convention of his fellows. He bemoaned the fact, real or imaginary, that fifty per cent. of the children of the day have been borne by twenty-five per cent. of the population, and that the poorest quarter, and he told his colleagues that they should do some mighty plain talking to the best people of the country.

He meant, we presume, that the doctors ought to advise the women who know so many things their less cultured sisters should know, to become the mothers of more children instead of devoting their energies to the elevation of the children of other people.

There was a heap of common sense in that physician's talk. In the other performance of womanly duties and womanly functions, lies woman's true glory.

Therapeutic Notes.

Anodyne Liniment.

R Ol. cajuputi,
Chloroformi, of each, 6.o.
Methyl salicylat., 12.o.
Linim. sapon., q. s. ad 100.o.
—Craig, in Tribune Medicale.

Dipsomania.

R Quininae sulph.,
Zinci oxidi, aa, gr. ii.
Strych. sulph., gr. 1-40.
Acidi arsenosi, gr. 1-100.
Pulv. capsici, gr. ii.
M. ft. pilula no. j.
Sig.: One such pill three times a day.
—Med. Sentinel.

Gout Treatment.

For the treatment of gout, atophan has been recommended. It is to be given in half gram doses with sodium bicarbonate, 5 grams, q. 4 h., for three day periods. Increase of the uric acid in the urine has been observed after the use of this drug. There is no irritation of the kidneys.

Hay Fever.

In view of the fact that the hay fever season is again upon us, the following treatment recommended by Hoffman might be worth trying:

Eight days before the date of habitual recurrence he recommends a dessertspoonful of the following solution three times a day:

Chloride of calcium..... 10 grm.
Lactate of calcium..... 10 grm.
Simple syrup 40 c.cm.
Distilled water 400 c.cm.

Once fever has set in the patient takes a dessertspoonful every two hours till 40 or 50 grm. of calcium have been taken.

He claims that the calcium salts raise the vascular tonus and diminish the excitability of the vasodilators.

Hiccough—Treatment of.

W. L. Banner, in the New York Medical Journal, reports the following:

Hiccough is a not uncommon complication of convalescence in severe sunstroke cases. In three such cases under his care, after ordinary treatment had entirely failed to give relief, gelsemium was tried, and in each instance the benefit was immediate and striking. The remedy was later used in many other obstinate cases of hiccough with excellent results.

A thoroughly trustworthy fluidextract must be used. The initial dose given by the author is generally 2 minims (.12 c. c.). In some cases this is sufficient to give relief, but, as a rule, it has to be increased. In general, it is necessary to give sufficient to produce physiological effects, ptosis and mydriasis being the guides. The drug is quickly absorbed, the full effect of a given dose being obtained in about half an hour and disappearing in about three hours. This fact as the needs of the patient are used as guides in repeating the remedy.

The author has not seen or heard of any

unpleasant results following this plan of treatment. Sometimes persistent hiccough develops in patients who already have ptosis of central origin. In these one must feel one's way with considerable care in using the drug.—Monthly Cyclopaedia and Medical Bulletin.

Leukemia—Benzol in.

Benzol has been recommended by v. Koryani for the treatment of leukemia. He gives 45 to 60 grains a day and claims that the white cells decrease in number, the spleen diminishes to normal and the glands subside also, but more slowly. Similar good results have been obtained in polycythemia.

Nasal Catarrh.

The following has been well tried and gives excellent results:

R Oil of pine,
Terebene, of each, 3ij.
Creosote,
Menthol, of each, 3ss.
Oil of Cinnamon, m.x.
Oil of eucalyptus, q. s. ad 3j.

Mix.

Directions—Sprinkle a few drops on a handkerchief or cotton-wool and inhale through each nostril separately, or put a teaspoonful into a pint of boiling water and inhale the vapors.

Camphor in the Treatment of Pneumonia.

From the Medical Record, June 7, 1913.

Pneumonia, called by Osler a self-limited disease against which no method of treatment is of any avail, is, in the experience of very many able and observant practitioners, one of the most amenable to proper treatment, except in the rare cases of massive infection, of all the infectious diseases. Forty years ago James R. Leaming proclaimed the curability of pneumonia by a massive dose, twenty grains and more, of calomel—an early and empirical application of Ehrlich's theory of therapia magna sterilisans. He practised what he preached, for when he himself was attacked with the disease he took calomel—and recovered. Ten or fifteen years later Andrew H. Smith and others demonstrated the value of the salicylates and of creosote carbonate in the specific treatment of pneumonia.

Some years ago August Seibert, of this city, published a report of a number of cases of pneumonia treated by hypodermic injections of large doses of 20 per cent. camphorated oil, and so gave the results of a number of experiments with camphor injections in rabbits previously inoculated with cultures of the pneumococci. These reports were published in the Munchener medizinische Wochenschrift, No. 36, 1909, and in the Medical Record, April 20, 1912. Seibert's observations have been confirmed recently by Leo, of Bonn, in two communications to the Deutsche Medizinische Wochenschrift, Nos. 13 and 15, 1913. In the first of these the author says that the experiments thus far made in cases of pneumococcus infection indicate that "camphor has a specific action against pneumonia," and in the second he quotes from Ehrlich to the effect that Bohnke, experimenting on mice in the insti-

tute at Frankfort, had succeeded in curing pneumococcus infection by subcutaneous injections of camphor oil. Iverson also, writing in *Vratch* of January, 1912, reported good results with injections of 20 per cent. camphor oil, and noted that the toxic symptoms were markedly ameliorated in all cases, even in the alcoholics and in those who finally succumbed. These observations of Seibert, confirmed by workers in Bonn, Frankfort and St. Petersburg, the favorable results obtained by Wright in the use of mercury succinimide (*Medical Record*, June 1, 1912) and the earlier successes with creosote carbonate, the salicylates, and calomel should suffice to down the pessimism which so long dominated the therapeutics of pneumonia and other infectious diseases, but which is now disappearing along with the dying school of therapeutic nihilists.

Pruritus Occurring in Icterus.

℞ Resorcin,
Menthol, of each, gm. 1.
Mercury bichloride, gm. 0.2.
Glycerin, gm. 20.
Rose water or eau de Cologne, gm. 100.
Alcohol, gm. 400.—*Med. Sentinel*.

Sweating Hands.

℞ Acidi tannici, 5j.
Aque cologniensis, f5ij.
Alcoholis, f5ij.
Aque, q. s. ad f5viij.
M. et. ft. lotio.
Sig.: Bathe hands with lotion twice or thrice daily.—*Meachen*, in *Merck's Archives*.

Ulcer of the Stomach.

Drs. A. Mathieu and A. L. Girault report good results from the use of the following formula of Pouchet in the treatment of the pain resulting from gastric ulcer:

℞ Neutral sulphate of atropine, 0.01 gram.
Glycerin (28° Baume), 3 c.c.
Distilled water, 1.5 c.c.
Alcohol (95 per cent.), ad 10 c.c.
Fifteen drops of this solution contain one milligram of atropine. The dose is ten drops gradually increased to twenty drops three times a day. The treatment is kept up for about one week.—*Bulletin General de Therapeutique*.

Action of Thyroid Extract Upon the Heart.

Dr. L. Haskovec, in *Wiener Klin. Woch.*, says: The secretion from the thyroid gland contains a substance with characteristic action on the cardiac nerves. By experiments upon dogs the author has been able to demonstrate that it acts in two ways: (1) producing a lowering of the blood pressure by vasodilation and also by diminution of the force of systole, and at the same time causing an (2) acceleration of the pulse, both by direct action upon the heart muscle and by stimulating the center of the nerves of acceleration.

This depressing and acceleration action is diminished by small doses of alcohol; large doses of alcohol, on the contrary, increase the cardiac action of the thyroid secretion, but this effect is soon counteracted by the stimulation of the vagus which alcohol produces.

Miscellaneous Therapeutic Hints.

Norbert Reader, in the *Practitioner* points out the value of magnesium carbonate as an inexpensive substitute for bismuth in general practice. In many instances it is no less efficacious than the latter.

The following combination was found valuable by the author in the treatment of cardiac disease:

℞ Ammonii carbonatis, gr. iv,
Tincturæ strophanthi, m x,
Spiritus ætheris compositi.
Tincturæ lavandulæ compositæ, of each,
5ss,
Aqu 5 chloroform, q. s. ad 5ss M. ft. solutio.

Sig.: To be taken three times daily or every four hours.

In the vomiting sometimes accompanying anemia a combination of arsenic and iron, recommended by Beddard, proved very effective:

℞ Liquoris sodii arsenatis, m i,
Ferri et ammonii citratis, 5ss,
Aque menthæ piperitæ, 5iij.
M. ft. solutio.

Sig.: One teaspoonful three times a day.

Iodine was particularly useful in the treatment of compound fractures. The bones should first be plated, and the entire wound then swabbed out with a 1 per cent. iodine solution, which may be poured into the wound from a sterile vessel. The author has records of six cases so treated, in all of which primary union of bone and skin occurred.—*N. Y. Med. Jour.*

Local Uses for Guaiacol.

Appleby, noting that guaiacol applied to the skin, is rapidly absorbed and exerts a powerful antipyretic action, applied it in a case of nephritis with slight convulsions and a full, bedhard pulse. Twenty-five drops were rubbed into the skin of the abdomen. The relief was marked. He then used it in the same manner in a few cases of puerperal eclampsia, the results being surprising and happy. The convulsions recurring in one case when the anesthetic had worn off, fifty drops of guaiacol were rubbed into the abdomen; in a few minutes the pulse became soft, there was free diaphoresis and convulsions ceased.—*Boston Medical & Surgical Journal*.

Prescribing Proprietaries.

While the main objections to the prescribing proprietaries are based on a consideration of the public health and scientific medicine, there is also an economic objection to their employment. "If you prescribe Antikamnia, Cystogen or Purgen and your patient feels better and gets well," said an old druggist to a young practitioner, "the patient will be a walking advertisement for the respective proprietaries. If, on the other hand, you prescribe acetanilid, hexamethylenamin or phenolphthalein, in the form of a regular prescription, he will recommend the prescriber—you—to his best friends."—*Jour. A. M. A.*

It is stated that the application of the tincture of blood-root to surfaces poisoned with ivy will immediately relieve the itching and burning, and will quickly cure. And so will

alcohol, we may add. Is it not the alcohol in the tincture that accomplishes the result and not the sanguinaria? At all events, the result is the same, and the former is cleaner.—*American Journal Dermatology.*

It is a recognized fact that sodium chloride has an irritating effect on the kidneys and no internist at present treats renal insufficiency without at least partially withholding salt from the dietary of the patient. Such being the case the unrestricted administration of normal saline solution in certain surgical conditions and after almost all abdominal operations cannot be entirely without danger to the patient.

"Proctoclysis by the drop method" means usually that there is delivered into the rectum of the patient at least 45 drops per minute of a normal saline solution. This is 45 drams per hour—5.625 oz. of solution. Say a pint is given every three hours. As generally made up each pint of solution contains at least a dram of sodium chloride. It is no unusual thing to see the proctoclysis continued for from one to four days. Surely this cannot fail to have a bad effect even on the most normal of kidneys. What about its effect on sensitive or diseased kidneys recovering from the effect of an anesthetic or already overloaded by the excretion of toxic materials? It is the water which the patient needs. Why not give it pure or with a minimum of salt?—*Dr. W. T. Coughlin.*

Hospitals and Sanatoria.

Bayonne Hospital.

Dr. George H. Sexsmith, Bayonne, was elected one of the directors of the City Hospital, July 10th. Dr. J. G. L. Borgmeyer has been appointed ophthalmological surgeon. Dr. P. F. Stevens as an attending physician and Dr. Homer Axford as radiologist.

Hackensack Hospital.

The Hackensack Hospital is to have a whirlwind campaign to raise funds for the enlargement and better equipment of the hospital. It is to begin on October 15th, closing on the 29th.

The Hackensack Hospital officials have mentioned no figure for their campaign, but it is believed that between \$50,000 and \$60,000 can be realized by this unique method. The campaign has been aptly timed to mark the silver anniversary of an institution which, from its modest beginning twenty-five years ago, has developed to a standard that ranks it among the best of its class outside the larger cities. A substantial financial nucleus is already being established by subscriptions from liberal gentlemen who thus manifest their interest in the hospital and its mission.

Growth of the hospital's usefulness has been such as to necessitate a large addition to maintain its capacity in accord therewith. Work on this extension is now well under way and is being expedited as rapidly as possible. But this is not the only purpose for which it is proposed to raise the fund under contemplation. The necessity for an isolation hospital has been recognized and urged for many years.

This hospital now has 10 private rooms, two

men's wards with 16 beds; two women's wards with 16 beds; one children's ward with 16 beds.

During the year ended June 1, 1913, the hospital treated 246 patients in private rooms, 393 who paid in the wards, 159 free; total, 798; in the dispensary, 229; grand total in one year, 1,027 patients treated. The per capita for 798 patients was 21.51; for 1,027, 16.78. The total disbursements for the year were \$17,240. There is \$6,000 mortgage on the property; property valued at \$40,000. Cost of present extension, \$16,000.

New Jersey State Hospital, Trenton.

The State some time ago appropriated \$200,000 for four new structures. The structures will be an admission building, addition to laboratory, central power plant and criminal insane building.

All plans for these structures have been completed and approved by the board of managers. The admission building will cost \$40,000. In this structure will be placed all the new patients admitted. In this manner they will be kept away from the older and more insane patients, and have a better chance to improve their mental condition.

The new building for the criminal insane will cost about \$150,000. When this is erected the criminal insane patients will be taken from the other buildings and placed in it. There are many of these patients sent there from State prison, workhouse and other institutions.

The new addition to the laboratory will cost about \$10,000. The State house commission will build the criminal insane building and power plant.

Overbrook Insane Hospital.

Drs. Edgar A. Ill. Richard Coe and W. D. Minningham have been appointed members of the consulting staff of the Hospital by the hospital committee of the Board of Freeholders on the recommendation of Dr. Guy Payne, the medical superintendent.

A Palatial Hospital.

The plans for the new Isolation Hospital, Chicago, which have been prepared provide for an institution to cost \$280,000. Every patient will, it is said, have a room or cubicle of his own, with glass walls and be provided with a telephone. The hospital is planned to accommodate 136 patients.

White Haven, Pa., Hospital and Sanatorium.

The fifteenth annual report of the Free Hospital for Poor Consumptives and White Haven Sanatorium Association, of which Dr. Lawrence F. Flick is president, has been received and from it we give the following items:

The sanatorium has three departments. In No. 1, patients pay seven dollars a week; it is for very early cases. In No. 2 and 3, for more advanced and far advanced cases the charge is \$10 per week. 661 patients were treated during the year; the average number of weeks of maintenance was 12.74; the cost per patient \$9.76.

In departments No. 1 there was 216 patients

treated, 170 were discharged, of which six were less than a week; 16 others in less than a month discharged: much improved, 1; improved, 10; not improved, 5; average gain in weight, 3.01 lbs.; in more than one week and less than one month, 61; disease arrested, 1; much improved 16; improved, 34; not improved, 9; died, 1; average gain in weight 9.18 lbs. Patients in over three months, 87; disease arrested, 25; much improved, 23; improved, 32; not improved, 4; died, 3; average gain in weight 13.88 lbs.

In department No. 2 there were 415 treated of which 331 were discharged. In less than one week, 16. In more than one week and less than one month, 46; improved, 20; not improved, 15; died, 11; average gain in weight 1.84 lbs. In more than one and less than three months, 94; much improved, 17; improved, 46; not improved, 19; died, 12; average gain in weight 5.61 lbs. In over three months, 170; disease arrested, 20; much improved, 38; improved, 82; not improved, 19; died, 11; average gain in weight 13.43 lbs.

In department No. 3, 30 patients; in less than one week, 2. In more than one week and less than one month, 6; improved, 2; not improved, 1; died, 3; average gain in weight .40 lbs. In more than one and less than three months, 8; improved, 4; not improved, 1; died, 3; average gain in weight 3.11 lbs. In over three months, 6; much improved, 2; improved 3; not improved, 0; died, 1; average gain in weight 10.38 lbs.

A summary is given of 5535 patients treated during 12 years: 1721 more than one and less than three months, discharged: disease arrested, 58; much improved, 260; improved, 1044; not improved, 290; died, 66; average gain in weight 8.51 lbs. 2,602 patients in sanatorium over three months, discharged: disease arrested, 867; much improved, 659; improved, 827; not improved, 193; died, 55; average gain in weight, 15.21 lbs.

The Sanatorium has a Training School for nurses and during the five years of its existence 27 have graduated therefrom.

In addition to managing this sanatorium the Association has control of the beds in the Jefferson Tuberculosis Hospital, Philadelphia.

This hospital is for advanced cases and is absolutely free to patients admitted.

(We mention the fact that in the State of Pennsylvania there are about 1,290 free beds for early cases of tuberculosis, 773 for advanced cases and 658 in pay institution for both early and advanced cases. About 9,000 people die in that State yearly from tuberculosis.—Editor.)

Marriages.

HORSFORD—O'CROWLEY.—At Newark, N. J., September 11, 1913, Dr. Frederick Charles Horsford, of Belleville, to Miss Edna Madeline O'Crowley, of Newark.

LIPPINCOTT—EARLY.—At Camden, N. J., September, 1913, Dr. A. Haines Lippincott, to Miss Miriam Lee Early, both of Camden.

STAHL—LOWE.—At Mendham, N. J., September 3, 1913, Dr. Alfred Stahl, of Newark, to Miss Martha Lowe, of Mendham.

Deaths.

ADDRESS—Dr. Theophilus H. Address, Sparta, N. J., August 26, 1913, aged 72 years.

Dr. Theophilus H. Address, one of the best known, and in former years one of the most prominent physicians and surgeons in Sussex County, died at his home in the village of Sparta after a brief illness, from the infirmities of age. Dr. Address has been an invalid for several years, his physical decline dating from a runaway accident between Newton and Sparta several years ago, from the results of which he never fully recovered.

In his early days Dr. Address was a prominent figure in county affairs, and stood high in professional life. He was very active in county affairs and was prominent in a group of Spartans, all of whom preceded him to the great beyond. His activities began back in war times, and continued until the date of the accident, mentioned above. Dr. Address was a successful physician and his field covered a wide territory. His services were frequently sought in consultation with men in different parts of the county in his own profession. He was widely known throughout the county, and in his best days was always prominent in Republican politics. He was well posted in public affairs and was always up in current events, a great reader and thoroughly versed in most public questions. Personally he was of a very genial nature and easily made and held many friends.

For many years Sparta was a centre of a strong financial group, locally speaking, and they were all prominent in commercial and political affairs. The doctor was practically the last of the old group. He had resided in Sparta forty-nine years, with the exception of one year spent in Newton, and had practiced medicine there practically all that time. In addition to the practice of medicine for a number of years he conducted a drug store in the village.

Dr. Address was born in Middletown, N. Y., and when the Civil War broke out he was interrupted in his medical course at the College of Physicians and Surgeons, New York, and served one enlistment. Returning to New York, he was graduated in 1864 and then took up the practice of medicine.

He was, during most of his professional life, active in the work of the Sussex County Medical Society, of which he had twice been president and frequently represented the society at the annual meeting of the Medical Society of New Jersey. Since retiring from active practice he was elected an honorary member of his county society.

LAWS—At Paulsboro, N. J., September 5, 1913, Dr. George C. Laws, of Paulsboro

Dr. Laws was born in 1845. He graduated from The Medical Department of the University of Pennsylvania in 1871 and has since practiced in Paulsboro. He was a member of the Gloucester County Medical Society (one of its permanent delegates to the State Society since 1895), the Medical Society of New Jersey and The American Medical Association.

Further notice will be given next month.

Personal Notes.

Dr. William H. Areson, Montclair, and wife returned last month from their sojourn at Oak Beach, Long Island.

Dr. Douglas A. Cater, East Orange, and daughter recently returned from the Maine woods where they spent several days with Dr. and Mrs. J. H. Bradshaw, of Orange.

Dr. William J. Chandler, South Orange, spent five days in Washington, D. C., last month.

Dr. G. Wyckoff Cummins, Belvidere, has been nominated as the Democratic candidate for mayor.

Dr. S. Thomas Day, Port Morris, and wife made a brief visit at Collingswood with Dr. G. E. Day last month.

Dr. Richard H. Dieffenbach, Newark, and family returned last month from their sojourn at Upper Saranac Lake, N. Y.

Dr. Archibald C. Forman, Bayonne, returned from his visit at Englishtown, N. J., last month in improved health.

Dr. Samuel C. Haven, Morristown, spent a few days recently at Grove Beach, Conn.

Dr. Edward S. Hawke, Trenton, spent the month of August at Belmar, N. J.

Dr. J. Edgar Howard, Haddonfield, and wife spent a short time last month at Salem, N. J.

Dr. Enoch Hollingshead, Pemberton, and family spent several days last month touring on Long Island and later at Atlantic City.

Dr. Leroy G. Kirkman, Newark, and family spent the month of August in the Catskill Mountains.

Dr. William H. McKenzie, Newark, and wife spent two weeks last month in a trip to Buffalo and Duluth.

Dr. William Martin, Atlantic City, has a paper in the September 6th issue of the Medical Record, entitled "Is There Value in Electrotherapy?"

Dr. Anne B. Newton, South Orange, returned last month from St. Johnsbury, Vt.

Dr. Ralph Opdyke, Montclair, and family have returned from Smith's Cove, Nova Scotia, where they spent most of the summer in their bungalow.

Dr. Fred W. Owen, Morristown, has returned from his visit to Watkins Glen and later at Unadilla, N. Y.

Dr. Valentine Ruch, Englewood, and wife returned last month from a three weeks' trip through Maine.

Dr. Pliney F. Stevens, Bayonne, and wife returned recently from a trip to Maine.

Dr. Martin J. Synnott, Montclair, spent a few days in Canada last month.

Dr. H. H. Tomlin, Wildwood, and wife have returned from a month's sojourn in Maine.

Dr. Alfred H. Van Horn, Plainfield, and family spent their vacation touring in Northern New Jersey, Pennsylvania and New York. The doctor represented the Plainfield Board of Education at the International Congress of School Hygiene at Buffalo, N. Y., in August.

Dr. Louis C. Williams, Lambertville, returned recently from a ten days' trip to Charleston Lake, Canada.

Dr. Levi W. Halsey, Montclair, and family have returned from a two months' European trip.

Dr. Lewis B. Hoagland, Oxford, spent a few days in Newark last month.

Dr. William Kensinger, Camden, is one of the Democratic candidates for councilman.

Dr. Grant E. Kirk, Camden, is the Republican candidate for council in the eighth ward, Camden.

Dr. Charles V. R. Bumstead, Newark, and family have returned from their summer home at Lake Placid, N. Y.

Dr. Eleanor Haines, Newark, has returned from the Adirondacks and Saratoga, where she spent her vacation.

Dr. B. Van Doren Hedges, Plainfield, has recently returned from his vacation.

Dr. Charles L. Ill, Newark, and family have returned from their summer home at Island Heights.

Dr. Edward J. Ill, Newark, who spent the summer months at his Island Heights summer home, has returned to Newark.

Dr. George L. Johnson, Morristown, who is police surgeon, served as one of the umpires at the ball game between the fat men and the policemen last month.

Dr. John W. Marcy, Merchantville, enjoyed a week's vacation last month, visiting Pittsburg, Baltimore and other cities enroute.

Dr. Louis C. Osmun, Hackettstown, had his auto badly disabled in a collision with another car last month, but the occupants were not seriously hurt.

Dr. Richard R. Rogers, Trenton, on September 15 celebrated his ninetieth birthday anniversary at his home with his family and a few relatives. He was born in West Windsor township in 1823, then a part of Middlesex County, Mercer not being in existence at that time. Dr. Rogers retired from practice a few years ago. He is hale and hearty and highly honored.

Dr. Charles A. Schneider, Newark, and wife enjoyed a ten days' trip on the Great Lakes last month.

Dr. W. Blair Stewart, Atlantic City, entertained at luncheon our State society's committee on "The Economic Welfare of the Medical Men of New Jersey."—Drs. Hollingshead, Norton, Livingood, Westcott and Marvel—August 27th at his home. The doctor spent the last two weeks of September at his old home Newville, Pa.

Dr. J. Wellington Crane, Trenton, the resident physician at the State Prison, owed his life to the bad working of a revolver, in the attempt of two negroes to escape from the prison. The veteran deputy keeper Stetser was shot and subsequently died.

Dr. James B. Griswold, Morristown, and wife spent a few days in New York City last month.

Dr. Leo H. Joyce, Passaic, and family took an extended automobile trip through Pennsylvania and Maryland last month.

Dr. William W. Knowlton, Camden, has been appointed a member of the Camden Board of Health to fill the vacancy occasioned by the death of Dr. M. F. Middleton.

Dr. M. I. Marshak, Bayonne, and wife are receiving congratulations on the arrival of a son.

Dr. William H. Merrill, Somerville, and wife spent their vacation recently in Lebanon, N. J.

Dr. H. Morton Pierson, Roselle, was recently struck on the head and knocked unconscious by a falling tree. He is recovering.

Dr. William J. Chandler, South Orange, in

an effort to avoid a collision with another auto, struck the curb with such force as to dislocate his right wrist.

Dr. William C. Allen, Blairstown, attended the christening of the Lackawanna Railroad's new lighter, "Blairstown," September 18th.

Dr. J. Watson Martindale, Camden, made a brief stay in New York recently, visiting his son.

Dr. Cyrus B. Phillips, Pitman Grove, and wife spent their vacation last month visiting Boston, Portland and the White Mountains.

Dr. Alice B. Condict, Orange, has been appointed by the Essex County W. C. T. U., superintendent of the medical temperance department.

Medico-Legal Items.

Relation of Physician and Patient.

In an action for unskilful treatment of a fracture of the tibia bone of a boy's leg, one of the defenses was that the defendant was called by a third person to make an examination of the boy's leg, and that it was in such a swollen condition that it was impossible to discover the nature of the injury. A judgment of nonsuit was reversed, it being held that the defendant's examination of the boy, his prescribing for him and giving directions to his mother regarding his treatment, constituted the relation of physician and patient, and the question whether he had used ordinary care and skill in his diagnosis and treatment was for the jury.—*Coss v. Spaulding*, Utah Supreme Court, 125 Pac. 468.

Photographing Dead Bodies—Right of Privacy.

The wife of one Stokes gave birth to twin children which were joined from the shoulders down to the end of their bodies. They had one set of bowels, and breast bone, but were otherwise twins. They died, and after they were dead Stokes employed a photographer to take a photograph of the corpse in a nude condition, it being agreed that only 12 photographs were to be made. Contrary to the agreement the photographer made other photographs from the negative and obtained a copyright. Stokes and his wife sued him for damages and obtained a verdict and judgment for \$2,500, which judgment was affirmed on appeal.—*Douglas v. Stokes*, Kentucky Court of Appeals, 149 S. W. 849.

Practice Without a License—Vermont.

The Vermont Acts 1904, No. 133, Sec. 10, provide that a person who, "not being a physician, as aforesaid, shall advertise or hold himself out to the public as a physician or surgeon," shall be fined. The offense under this existing statute is, it is held, complete when any unlicensed person advertises or holds himself out to the public as a physician or surgeon. Actual practice is not necessary to bring a person within the penalized class. What amounts to advertising or holding out is not specified by the statute.—*State v. Lindsay*, Vermont Supreme Court, 84 Atl. 612.

Can Enforce Vaccination.

The question whether the Board of Education of New York City has the right to enforce the vaccination of children attending the public schools and can exclude children not vaccinated, was argued before Judge Rosalsky recently in the Court of General Sessions. The judge decided that the board is authorized to enforce vaccination, but suggested that the matter be carried to the Appellate Court for final argument.

Restraint of Practice.

A specialist in the treatment of particular diseases, who employed remedies prepared and used according to formulas of his own, entered into a contract limiting his right to practice his specialty, and also limiting his right to sell or disclose the formulas. It was held that such a contract is valid. Having, on retiring, sold his influence and good-will to the firm of which he was a member, and its successors, he and any one in collusion with him might be enjoined from doing any act to prevent his vendees from enjoying the benefits of such influence and good-will to the same extent as they were enjoying before the sale.—*Mills v. Ressler*, Kansas Supreme Court, 125 Pac. 58.

Physician's Service—Statute of Fraud.

Action was brought for the services of a physician and surgeon rendered to another at the defendant's request. The defendant pleaded the statute of frauds, alleging that the contract was for the debt of another. Plaintiff's evidence tended to show that the defendant, after seriously injuring the other with an axe, authorized the plaintiff to be called to assist in the treatment of the injured man. The defendant's evidence tended to show that he did no more than indicate a willingness to stand for the man's father for a doctor's bill not to exceed \$10. It was held that this evidence did not tend to support a plea of the statute of frauds, and it was error not to withdraw the plea from the jury.—*Williamson v. Green*, Alabama Court of Appeals, 58 So. 974.

Compensation for Professional Services.

In an action by a physician against a firm for professional services rendered to one of the firm's employees who had met with an accident, it appeared that some one unconnected with the defendants called the plaintiff, who responded and furnished medical and surgical aid, procured temporary hospital quarters and engaged a nurse. The injuries were of a serious character, requiring amputation of the left leg and right arm, and including serious injuries to other parts of the body. Some five days after the accident one of the partners of the firm appeared and, according to the plaintiff, made an arrangement for the injured man's future care. The plaintiff continued his treatment until the patient left the hospital, rendering bills to the defendants for his services, a small part only of which were paid. The plaintiff sued for his services for the entire period of service. He was awarded judgment for the value of his services subsequent to the time of the alleged hiring by the member of the defendant firms, and for the nurse's services subsequent

to that time. It was objected that a charge made for a second operation on the patient's broken leg was not within the terms of the contract proven. It was held that it was, the contract being general. It was to furnish the injured man with such medical and surgical treatment as, in the plaintiff's judgment, was necessary for his recovery. If the plaintiff found it necessary to perform another operation upon the leg, he had the same right to perform and recover for that service as he had for any other medical or surgical service rendered by him.—*Hood v. Garrick*, Washington Supreme Court, 125 Pac. 956.

Book Reviews.

MEDICAL AND SURGICAL REPORTS OF THE EPISCOPAL HOSPITAL, Philadelphia. Vol. I. Edited by Astley B. C. Ashhurst, M. D., from the press of Wm. J. Dornan, Philadelphia, 1913.

The cases presented are of wide range and well stated. The 150 operative cases, of which 100 were abdominal, show a low mortality—1.3 per cent. Among the more important reports are those on "The Rational Treatment of Tetanus" and on "Fractures and Dislocations of the Forearm."

THE SURGICAL CLINICS OF JOHN B. MURPHY, M. D., at Mercy Hospital, Chicago, Volume II. Number 4. (August, 1913). Octavo of 212 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1913. Published bi-monthly. Price per year: Paper, \$8.00. Cloth, \$12.00.

PROGRESSIVE MEDICINE: A QUARTERLY DIGEST of the Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor Therapeutics and Materia Medica in the Jefferson Medical College, Philadelphia, assisted by Leighton E. Appleman, M. D., Vol. XV. September, 1913. Lea & Febiger, Philadelphia and New York, 1913.

THE PRACTICAL MEDICINE SERIES, COMPRISING ten volumes on the Year's Progress in Medicine and Surgery, under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology, and Charles L. Mix, A. M., M. D., Professor of Physical Diagnosis, Northwestern Medical School. Vol. V. Pediatrics. Edited by Isaac A. Abt, M. D., Professor Pediatrics, Northwestern Medical School assisted by May Michael, M. D., Orthopedic Surgery. Edited by John Ridlon, A. M., M. D., Professor Orthopedic Surgery, Rush Medical College, assisted by Chas. A. Parker M. D. Series 1913, Chicago. The Year Book Publishers, 327 S. LaSalle Street.

MARRIAGE AND GENETICS: LAWS OF HUMAN Breeding and Applied Eugenics. By Charles A. L. Reed, M. D., F. C. S. 182 pages. (5¼x7¼). Price, including postage, \$1.00. Subscription only. The Galton Press, Publishers, Cincinnati, Ohio.

The author gives a comprehensive review of the laws relating to the improvement and perpetuation of the race. The latter third of the

book relates to eugenic medical examinations and contains tables and facts useful to the physician in giving advice on the subject. The book should also be read by parents that they may better safeguard the life interests of their children.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined	Passed	Failed
Connecticut, July	42	22	20
" Homeopathic...	2	2	0
Delaware, June.....	6	6	0
Iowa, June	61	59	2
Kansas, February	4	3	1
Kentucky, June.....	62	54	8
Massachusetts, May ...	41	21	20
Michigan, May	34	34	0
Minnesota, June.....	52	51	1
Mississippi, June	54	41	13
Montana, July	20	14	6
New Hampshire, July...	20	16	4
New Jersey, June.....	43	38	5
North Dakota, July....	15	7	8
Ohio, June	172	168	4
Rhode Island, July....	10	7	3
Washington, July	54	38	16
Wyoming, June	5	4	1

New Jersey since January 1, 1913, has licensed 61 candidates through reciprocity.

Public Health Items.

Camden's Increase of Typhoid Fever and Diphtheria.

Dr. J. F. Leavitt, Medical Inspector of the Camden Board of Health, reports an increase of typhoid fever, diphtheria and whooping cough for the month ending September 15th, each being about double that of the previous month—19, 20 and 11 cases respectively the past month.

Typhoid in Camden and Trenton.

We are surprised to learn that Camden is in the grip of an epidemic of typhoid fever. For years the Camden newspapers have boasted that the artesian water supply of that town has kept it practically free from the dread disease, and they have unmercifully roasted Trenton's water supply. But there are fewer cases of typhoid fever in Trenton to-day than exist in Camden, where nineteen victims were reported recently. In Philadelphia, where millions of dollars have been spent on a filtration scheme, typhoid is raging, and the State health authorities have ordered that the potable water be chemically treated in the same way that it is treated in this city.—*Daily State Gazette*, Trenton.

The typhoid death rate in the filtered water district of Pittsburgh has declined from 135 in 1907 to 5.9 in 1912.

Tuberculosis Exhibit.

The Tuberculosis Exhibit of the State Board of Health is to be held in Bayonne for two weeks beginning October 20th under the auspices of the local Board of Health and a general citizens committee. A large committee has been organized with Dr. M. I. Marshak as president, Drs. G. H. Sexsmith and F. M.

Corwin are vice-presidents. Dr. G. K. Dickinson, of Jersey City, has been invited to address the committee before the opening of the exhibit.

Mosquito Extermination.

While each county has its own field to look out for in the mosquito extermination work, it is a certain thing no county doing its best is going to sit by placidly and take all the mosquitoes its more negligent neighbors see fit to send it.

Essex County's New Jersey Mosquito Extermination League criticizes Bergen and Hudson counties for their lack of work, which resulted, it was asserted, in mosquitoes being bred there and blown into Essex County. If blown into Essex it is reasonable to suppose Union County also got some of them.

In Hudson County, although much work has been done, it is asserted Franz Creek is one of the worst breeding spots in the State. This creek is an outlet for sewage from adjoining towns, and, it is alleged, has never been cleaned out, so that succeeding tides overflow its banks and force the sewage onto the meadows.

Arrangements have been finally made for dredging this creek. It is an illustration of the fact that extermination of mosquitoes means a more healthful New Jersey all around.

That each county has it in its power to be a large factor in the work for itself and its neighbors ought to move all to the most earnest activity.—Elizabeth Journal.

Health of Philippine Government Employees.

The following figures are taken from the report for the year ending June 30, 1913:

Number employed, 10,010; Americans, 2,810; Filipinos, 7,200. Deaths from illness: among Americans, 5; among Filipinos, 23; from violence, Americans, 2; Filipinos, 1. Average years of service: Americans, 6.93; Filipinos, 5.47. Average age at death: Americans, 38.93; Filipinos, 32.01. Annual death rate per thousand: Americans, 1.77; Filipinos, 3.19. Annual death rate per thousand of all nationalities, 2.79. All deaths including those from violence, average rate per thousand, 3.09.

Health Board Opposing Tuberculosis Sanatorium

A movement has been started by the Hopatcong Borough Board of Health to prevent the establishment of a tuberculosis sanatorium on the property of John T. McRoy in Byram Township, on the ground that the sanatorium would be too close to the shores of Lake Hopatcong. In the movement to oppose the establishment is Hudson Maxim, the inventor, who is a member of the Health Board, and T. B. Atterbury, president of the board.

The State Board of Health met at the McRoy mansion the morning of September 5 to consider that property as a site. The Hopatcong board asserts that it did not have due notice of the meeting and arrived too late to protest against such a move. The board has written to former Senator Jacob C. Price, of Branchville, and also to the State board, saying that it pro-

tests and demands a hearing so that residents around the lake may give their views.

Tuberculosis Sanatorium for Children.

Miss Catharine Cotts, a trained nurse, is considering the purchase of 450 acres in Byram Township, Sussex County, providing the State Board of Health approves of the site. Dr. J. C. Price, secretary of the State Board, said recently that the property is three miles from the shore of Lake Hopatcong and six miles from Stanhope, and he thought it an ideal spot. There are not any private residences nearby. Miss Cotts expects to conduct the sanatorium for children.

School for Health Officers.

Beginning this fall Harvard University and the Massachusetts Institute of Technology are to maintain in co-operation a School for Public Health Officers. The facilities of both institutions are to be available to students in the school and the Certificate of Public Health (C. P. H.) is to be signed by both President Lowell and President MacLaurin. The object of the school is to prepare young men for public health work, especially to fit them to occupy administrative and executive positions, such as health officers or members of boards of health, as well as secretaries, agents and inspectors of health organizations. The instruction of the new school will be by lectures, laboratory work, and other forms of instruction offered by both institutions, and also by special instructors from national, State and local health agencies. The requirements for admission are such that graduates of colleges or technical and scientific schools who have received adequate instruction in physics, chemistry, biology and French or German may be admitted to the school. The medical degree is not a prerequisite for admission. The administrative board, which will conduct the new school, is composed of Prof. William T. Sedgwick, of the Massachusetts Institute of Technology, Prof. Milton J. Rosenau, of Harvard, and Prof. George C. Whipple, of Harvard. Professor Rosenau, of Harvard, has the title of director, and the work of the school will be under his immediate supervision.

Death Rate for Middle Life.

By the Medical Record Insurance Editor.

One of the memories of the days of our childhood is the number of middle-aged and old people we were accustomed to see in the homes of our friends and on the streets of our towns and cities. When we make a mental note of this and compare it with the number seen to-day we realize the effective difference, since notwithstanding the difference in the modes of dress and customs tending to make youthful in this generation, there is a decided decrease in the middle-aged and old population. Dr. J. T. J. Battle (in a paper read before the Medical Section, American Life Convention, Hot Springs, February, 1913) ascribes this marked decrease to the difference in the manner of living and to the habits of excessive eating and drinking indulged in by the people of to-day. Statistics bear out his statements. During the past two or three decades, the in-

creased mortality after 40 years of age is somewhat astounding. It is from 20 to 25 per cent. and is on the increase. This frightful death rate is principally caused by diseases of the kidney, liver, brain and vascular system, practically all the organs susceptible to influences brought to bear through abuse of the digestive tract. Not these alone, but the high rate of tension at which we live, demanding more and more strain from our nervous systems, hence more restraint on our dispositions and a consequent decided laxity in our general ideas of life and its true values; all these are marked causes for shortened lives for the men and women of to-day, and cause us to pause and consider whither it is tending, and whether a short life and a merry one is after all more to be desired than the so-called old-fashioned slow lives of the days of our grandparents, when the moments were lived in a quiet content and deeply, not in a mad rush always to anticipate the future and to skim the surface in order to abolish any opportunity to reach the heart of life and its meanings. At least the medical examiner can now do his part by frankly telling his applicants what the inevitable result will be if the same unthinking life is continued.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, August, 1913.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending August 10, 1913, was 3,458. By age periods there were 994 deaths among infants under one year, 292 deaths of children over one year and under five years and 877 deaths of persons aged sixty years and over.

The high temperature of the summer season produce rapid bacterial changes in unclean milk, therefore the usual seasonal increase in deaths from infantile diarrhoea is shown this month. The death-rate from other causes is lower than for the corresponding period of previous years.

The following shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending August 10, 1913, compared with the average for the previous twelve months, the average in each class being enclosed in parentheses:

Typhoid fever, 30 (25); measles, 20 (17); scarlet fever, 11 (20); whooping cough, 56 (23); diphtheria, 25 (47); malarial fever, 1 (2); tuberculosis of lungs, 263 (306); tuberculosis of other organs, 45 (44); cancer, 181 (172); diseases of nervous system, 304 (337); diseases of circulatory system, 407 (442); diseases of respiratory system (pneumonia and tuberculosis excepted), 128 (204); pneumonia, 98 (248); infantile diarrhoea, 593 (201); diseases of digestive system (infantile diarrhoea excepted), 288 (200); Bright's disease, 236 (248); suicide, 27 (35); all other diseases or causes of death, 745 (643); total, 3,458 (3,214).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis examined: Specimens examined from suspected cases of diphtheria, 350; tuberculosis, 443; ty-

phoid fever, 416; malaria, 56; miscellaneous specimens, 109; total, 1,374.

Division of Food and Drugs.

During the month ending August 31, 1913, 790 samples of food and drugs were examined in the Laboratory of Hygiene, as follows:

The following were found to be below standard: 72 of the 596 samples of milk; 5 of the 154 of cream; all 3 of bay rum; 2 each of beef, hair tonic and toilet water, being all examined of each; the one each of beer, cordial, vinegar and witch hazel.

All samples of the following were found above standard: Allspice, 7; cinnamon, 2; cloves, 3; ginger, 1; mace, 4; mustard, 3; pepper, 4; cough syrup, 1; lime water, 2. Thirty-two suits have been begun against parties whose samples were below standard.

Forty-two samples of water, one sample of sewage and one sample of sewage effluent were examined, all being in relation to oyster work.

Division of Creameries and Dairies.

During the month of August 494 inspections were made as follows: 264 dairies, 19 creameries, 28 milk depots, 183 ice cream factories.

Number of dairies scoring above 60 per cent. of the perfect mark, 141; number scoring below 60 per cent. of the perfect mark, 119; dairies relinquishing the sale of milk, 4; creamery licenses recommended, 2; ice cream factory licenses recommended, 26.

Fifteen cow stables were disinfected by officers of this Division because a number of cattle confined in them were suffering with tuberculosis and were slaughtered. These stables were located in the following counties: Sussex, 9; Hunterdon, 3; Passaic, 2; Morris, 1.

The owners of thirteen dairy premises were given definite time limits in which to improve conditions on their premises so as to meet the requirements of this Board. These dairies supply milk to the following municipalities: Asbury Park, Long Branch, Lake Hopatcong, New Brunswick, Trenton, Orange and Newton.

It was necessary to prohibit the sale of milk from five dairies on account of extremely unsanitary conditions on the premises and the risk involved in the use of the milk. These dairies supplied milk to the following municipalities: Trenton, Perth Amboy, Passaic, Clifton and Bernardsville.

One creamery proprietor was required to install pipes with smooth interior surfaces for transferring milk to and from receptacles. It was found that the rough pipes used contained an accumulation of sediment.

The proprietors of three ice cream factories were refused licenses pending improvements in their establishments, and definite time limits were given them in which to comply with the Board's requirements.

The manufacture of ice cream was prohibited in five cases on account of the poor methods and unsanitary surroundings of the establishments.

The practice of re-freezing ice cream which has been returned to the factory unsold is prohibited by a rule of the Board. In one factory we discovered ice cream which had been peddled on Saturday and returned in a semi-

liquid condition. It was the intention of the proprietor to re-freeze this ice cream and sell it on Monday. The product was denatured and the proprietor warned to stop this practice in the future.

During the months ending August 31, 1913, 203 inspections were made in 86 cities and towns, the largest numbers made in any one place being: Asbury Park, 9; Atlantic City, 13; Bridgeton, 9; Camden, 12; Jersey City, 8; Long Branch, Morristown, Phillipsburg and Salem, each 5; Newark, 14; Paterson and Spring Lake, each 4; Trenton, 18; Dover, Lambertsville and Washington, each 3.

The following articles were inspected during the month, but no samples were taken: Milk, 931; butter, 71; food, 383; drugs, 35.

Other inspections were made as follows: Milk wagons, 333; milk depots, 28; grocery stores, 531; drug stores, 11; confectionery stores, 26; slaughter houses, 37; meat markets, 24; cold storage warehouses, 11; produce stands, 456; creamery, 1; canning factories, 81; fish stores, 2; bakeries, 2; egg breaking establishments, 1; butter and egg stores, 2; restaurants, 12; delicatessen stores, 2.

The following shows the number of inspections made in various towns relating to the exposure of foodstuffs, the numbers enclosed in parentheses giving the number of reinspections:

Asbury Park, 10 (8); Atlantic City, 214; Atlantic Highlands, 1 (4); Bayonne, 4; Camden, 25 (31); Highlands, 1 (4); Hoboken, 16; Morristown, 10; Newark, 255; Paterson, 98; Phillipsburg, 29 (8); Trenton, 7 (61); Washington, 4 (10); total, 674 (126).

MEAT INSPECTIONS.

Vcal, 2 carcasses passed. Beef, 4 carcasses passed.

Division of Food, Drugs, Water and Sewerage.

Total number of samples analyzed in the Water Laboratory, 345; public water supplies, 150; special public water supplies, 22; State institution water supplies, 17; private water supplies, 39; bottled water supplies, 4; miscellaneous waters, 1; trade wastes, 2; miscellaneous samples, 3; sewage samples, 7.

INSPECTIONS.

Water supplies and water purification plants inspected at Allentown, Asbury Park (Monmouth County Water Company), 2; Beach Haven, Bridgeton, 2; Butler, 3; Elizabeth, Gloucester, 2; Hackettstown, Long Branch, 2; Moorestown, 5; Mount Holly, Newark, New Brunswick, Rahway, Roebling, Raritan, Skillman (State Village for Epileptics), Stanhope.

Proposed bottled water supplies inspected at Lawrence Township, Penn's Manor, Penna.

Watershed inspections made at Butler, Hackettstown, Lumberton, Medford, Pemberton, Vincenton.

Sewage disposal plants and sewerage systems inspected at Asbury Park, Asbury Park (Ross-Fenton Farm), Audubon, Avalon, Beach Haven, Beverly, Bordentown, Brown's Mills, Burlington, Burlington (Thomas Devlin Mfg. Co.), Butler (factory wastes), Camden, Cape May Court House, Collingswood, Essex Fells, Fairview, Helmetta, 2; Hightstown, Interlaken, Long Branch, Merchantville, Millville, Moorestown, 6; Neptune Township, Newton, North Wildwood, Ocean Grove, Pemberton, Power-

ville (factory wastes), Princeton, Quinton, Ridgewood, Riverside, Salem, Sea Isle City, Secaucus, Spring Lake, Trenton (Agasote Millboard Co.), 2; Ventnor, 10; West End, West Englewood, Wildwood, Wildwood Crest, Woodstown (creamery wastes).

Stream inspections on the Delaware River and tributary, Navesink River and tributary, Passaic River and tributary, Pequannock River and tributary, Rahway River and tributaries, Raritan River and tributaries, Raritan Bay and tributaries, Rockaway River, Shark River, Shrewsbury River and tributaries, Whippany River and tributary.

Number of stream pollutions reported, 82; reinspections of stream pollutions made, 42; stream pollutions found abated, 42; notices to cease pollution issued, 35; cases referred to the Attorney-General, 11; plans for sewage disposal plants, sewerage systems and extensions approved, 9; plans for sewage disposal plants, sewerage systems and extensions disapproved, 2; plans for water supply systems approved, 1.

NEW AND NON-OFFICIAL REMEDIES.

Since publication of New and Non-official Remedies, 1913, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-official Remedies":

Digipuratum Ampules—Each ampule contains 1 Co. of a digipuratum solution, equivalent to .1 gram digipuratum. Knoll & Co., New York.

Digipuratum Solution for Oral Use—Vials containing 10 Cc. digipuratum solution, each Cc. representing .1 gram digipuratum. Knoll & Co., New York (Jour. A. M. A., Aug. 23, 1913, p. 568).

Tetanus Antitoxin; H. M. Alexander & Co., Marietta, Pa.

Acne Vaccine; Pertussis Vaccine—a Bacillus Bordet—Gengou Vaccine; Meningococcus Vaccine; Coli Vaccine (Polyvalent); Gonococcus Vaccine (Polyvalent); Pneumococcus Vaccine (Polyvalent); Staphylococcus Vaccine (Polyvalent); Staphylococcus Albus Vaccine (Polyvalent); Staphylococcus Aureus Vaccine (Polyvalent); Streptococcus Vaccine (Polyvalent); Typhoid Vaccine. All these vaccines are from Schieffelin & Co., New York. For descriptions of them see N. N. R., 1913, pages 218-227.

Since August 1 the following articles have been accepted for inclusion with New and Non-official Remedies:

Comar & Co.—Electr-Hg.

Cutter Laboratories—Acne Vaccine; Coli Vaccine; Pneumococcus Vaccine; Pyocyanus Vaccine; Staphylococcus Vaccine; Streptococcus Vaccine; Typhoid Vaccine; Typhoid Prophylactic Suspension.

Farbwerke-Hoechst Co.—Melubrin.

Lederle Laboratories—Scarlet Fever Treatment; Scarlet Fever Prophylactic; Antigonococcus Serum 10 Cc. syringe; Antimeningococcus Serum 15 Cc. cylinder; Antistreptococcus Serum 10 Cc. syringe; Antistreptococcus Serum 50 Cc. cylinder; Antipneumococcus Serum 10 Cc. syringe; Antipneumococcus Serum 10 Cc. cylinder; Normal Horse Serum 10 Cc. syringe; Normal Horse Serum 100 Cc. vial.

National Vaccine & Antitoxin Institute—Antityphoid Vaccine (Immunizing).

Sophian-Hall-Alexander Laboratories—Whooping Cough Vaccine.

Thoughts for the Thoughtful.

"If you can force your heart and nerve and
sineu

To serve your turn long after they are gone,
And so hold on when there is nothing in you

Except the will which says to them: 'Hold
on';

If you can talk with crowds and keep your
virtue,

Or walk with Kings—nor lose the common
touch;

If neither foes nor loving friends can hurt you,
If all men count with you, but none too
much;

If you can fill the unforgiving minute
With sixty seconds' worth of distance run,

Yours is the earth and everything that's in it,
And—which is more—you'll be a man, my
son."
—Kipling.

"To be thrown upon one's own resources is
to be cast into the very lap of fortune."

—Franklin.

"The successful man of to-day is the man
who has ideas; who does things the average
man does not think of. The young man who
does his level best, no matter how small his
salary, is the man who makes the greatest suc-
cess."—Alexander H. Revell.

"Some of your hurts you have cured,
And the sharpest you still have survived.
But what torment of grief you endured
From evils that never arrived."

Toil and labor are the keynotes from which
is played the music of a successful and a happy
life. So keep on and be inspired by the fol-
lowing:

"If the day looks kinder gloomy,
An' yer chances kinder slim,
If the situation's puzzlin'
An' the prospects awful grim,
An' perplexities keep pressin'
Till all hope is nearly gone—
Jest bristle up an' grit yer teeth,
An' keep on keepin' on."

It ain't so much ignorance that hurts people
as it is knowing a lot of things that ain't so.

Josh Billings.

When you get into a tight place and every-
thing goes against you until it seems that you
cannot hold on a minute longer, never give
up then, for that is just the place and the time
that the tide will turn.—Harriet Beecher Stowe.

Forgiveness.

Nothing is more moving to man than the
spectacle of reconciliation. Our weaknesses
are thus indemnified and are not too costly,
being the price we pay for the hour of for-
giveness, and the archangel who has never felt
anger has reason to envy the man who sub-
dues it. When thou forgivest, the man who
has pierced thy heart stands to thee in the re-
lation of the sea worm that perforates the shell
of the mussel, which straightway closes the
wound with a pearl.—Richter.

Good luck will carry a man over a ditch, if
he jumps well; and will put a bit of bacon in
the pot if he looks after his garden and pigs.
Luck taps at least once in a lifetime at every-
body's door, but if Industry does not open it,
away it goes.—Charles H. Spurgeon.

The shortness of life is bound up with its
fulness. It is to him who is most active, al-
ways thinking, feeling, working, caring for peo-
ple and for things, that life seems short. Strip
a life empty and it will seem long enough.
—Philips Brooks.

If a clock goes fitfully nobody knows the
time of day, and if your allotted task is a neces-
sary link in the chain of another man's work
you are his clock and he ought to be able to rely
on you.—John Stuart Blackie.

It is better to make a thousand mistakes
and suffer a thousand reverses than run away
from battle.—Henry van Dyke.

It is just as easy to go through life looking
for the good and the beautiful, instead of the
ugly; for the noble instead of the ignoble; for
the bright and cheerful instead of the dark and
gloomy; the hopeful instead of the despairing;
to see the bright side instead of the dark side.
To set your face always toward the sunlight is
just as easy as to see always the shadows, and
it makes all the difference in your character be-
tween content and discontent, between happi-
ness and misery, and in your life, between pros-
perity and adversity, between success and fail-
ure.—Orison Swett Marden.

Does it pay in business to be quite scrupu-
lous, when the little deviations often win the
big returns? And the individual alone must
make reply. All along the line the question
comes up, and while one is bound to admit
that material things, and things that are not
altogether material, do sometimes have a way
of eluding the grasp of folk who are the most
particular and the most fastidious in their view-
points and their manner of carrying them out,
one can still comfortably fall back upon that
maxim that has adorned the pages of many an
old copy-book—"Virtue is her own reward."—
("Francesca" in Camden Courier.)

All of us have seen the eternally busy man
who gets nowhere. He is just like a horse on
a treadmill—he never moves a bit. The trouble
with that kind of a man is that just about
ninety per cent. of his efforts go into waste
motions. He is always on the road but never
arrives.

Ask that man to do something and he is
too busy to do it at present, but will attend to
it as soon as he gets the chance—and he never
gets the chance.

That kind of a man is letting his work drive
him instead of driving his work. The thing
for him to do is to forget his busyness, figure
out what it is he really wants to accomplish;
then do that thing as quietly as possible. And
lo! the eternally busy man won't be half so busy
and will accomplish actually more.

—Everett R. Roeder.

Facetious Items.

Sister Kittie's home from college with a host of modern kinks
In the way of hygienics, sanitation, food and drinks.

Proteids and carbohydrates she combines exactly right

For the strictly balanced ration she identifies at sight.

She knows all about indigestion, what is best for us to eat.

What we need for body-building growth and force, repair and heat;

And the dinner-table's lovely when my sister has it set;

But we haven't lost our confidence in mother's cooking yet!

—Lippincott's.

"I am thinking of going to Europe on a vacation."

"You are! I didn't know you had that much money."

"I haven't, but, you see, it doesn't cost anything to think of going."—Lippincott's.

"Mother said she thought you were extravagant, Tom, but I proved you were not."

"You darling! How did you do that?"

"Told her you were with me two hours last night and only kissed me once."

"You know it is stated that a man's heart beats 92,160 times a day," said the young man.

"Every day?" asked the sweet young thing.

"Yes, every day."

"Well, if a young man's heart didn't beat more times than that the day he proposed to me I'd consider him a pretty cold proposition."

—Yonkers Statesman.

"A lonely mcribe, disheartened and ready to die because the Public Health Service is rapidly putting all his ilk where they can do humanity no harm, peeked over the edge of Assistant Surgeon-general Rucker's desk to-day and heard the doctor humming a ditty that went like this:

"A fly and a flea, a mosquito and a louse

All lived together in a very dirty house;

The flea spread the plague and the skeeter spread the chills—

All worked together to make undertakers' bills."

A Rule That Worked Both Ways.

When he had carefully examined the shoes the physician had brought in for repairs the German cobbler handed them back, saying: "Dem shoes ain't worth mending, doctor."

"Very well, Hans," said the doctor, "then, of course, I won't have anything done to them."

"Vell, but I sharge you feefty cents already yet."

"Why, what for?"

"Vy, when I came to see you de udder day you sharged me t'ree dollars for telling me dot dere ain't noddings der matter mit me."

Woman's Home Companion.

Caller—So the doctor brought you a little baby sister the other night, eh?

Tommy—Yeh. I guess it was the doctor done it. Anyway, I heard him tellin' pa some time ago, 'at if pa didn't pay his old bill he'd make trouble for him.—Ex.

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NASAL HYDRORRHOEA WITH REPORT OF A CASE.*

BY HARRY VAUGHAN, M. D.,
Morristown, N. J.

The peculiar condition known as nasal hydrorrhoea belongs to the neurologists' field, as well as to the rhinologist and ophthalmologist. The tissue changes that result in the serous discharge from the nose—are almost always cranial and sometimes cerebral.

The first example of this disease was reported in 1890 by Drs. T. M. Hardie and Casey A. Wood. It is frequently overlooked by many able physicians and passed upon and treated as hay fever, hence I beg to add one more case to the literature which came under my observation last August.

Mrs. Maude O., age 27, American, whose father died of chronic rheumatism and arterio-sclerosis, age 56; whose mother is living, in good health, age 62, gives a marked toxic history as follows, viz: She had scarlet fever when two years of age, followed by deafness in the right ear and chronic purulent otitis media in the left. She again had a mild scarlet fever without complications when 10 years of age. Had peritonsillar abscess during three winters when from 17 to 20 years of age. At 21 had tonsils and adenoids removed without recurrence.

In August, 1910, when five months pregnant with her first and only child she developed symptoms of hay fever, viz: sneezing hydrorrhoea, lachrymation, and could not tell odors at night, while the sense of taste was diminished. A few days later she observed that upon rising in the morning, if her head bends over, a teaspoonful

of clear watery discharge comes from both nostrils. There is sneezing both before and after the watery discharge, oftentimes it would last all the morning.

The patient believes that the symptoms have not been helped by local treatment. In August, 1912, I removed the anterior tip of the right middle turbinate, with but little relief being afforded. She is not sure the hydrorrhoea is appreciably influenced by change in the weather, neither has she noticed it is worse in damp days. She thinks it is as bad in July as it is in mid-winter, and varies in amount from time to time without apparent reason.

We have been unable to collect sufficient of the fluid for examination; there seems to be just enough fluid to constantly bathe the nostrils and moisten the handkerchief. This constant leaking or dripping ceased for two weeks during March of this year, while a solution of glycerophosphates comp. was administered.

Examination of the fundus showed slight enlargement of the veins. No optic atrophy, fields of vision normal for white, green and red. Refraction elicited a hyperopia of .75 dioptré. Transillumination of the sinuses was negative. There was an enlargement of the left inferior turbinate, but it caused no pressure or marked obstruction. A few bluish veins high up on right septum were observed, but patient refused cauterization.

Dr. Denning examined the nervous system and reported he could find no disturbance of the deep or superficial reflexes, and was inclined to believe it was a case of functional neurosis.

Nasal hydrorrhoea, according to Ballenger, is a symptom of some other nasal lesion rather than disease, and is characterized by a thick viscid and slightly opalescent secretion more or less rich in mucus.

*Read at the 147th Annual Meeting of the Medical Society of New Jersey, at Spring Lake, June 12, 1913.

The proteid is coagulated by heat, it does not reduce Fehling's solution.

Peptones and proteoses are absent. The alcohol extraction of the secretions contains no reducing substance. The secretion may be differentiated from normal cerebro-spinal fluid by the presence of mucin and the absence of a reducing substance. The amount of discharge varies from a few ounces to a pint or more in 24 hours.

Symptoms—The clinical picture of nasal hydrorrhoea shades off in one direction into cases that are generally called hay fever, with symptoms of intense local irritation, while in the other direction it may consist of a passive and almost painless watery discharge from the nose.

It is apparently a disease of adult life, which effects males and females equally. Although it may be more marked upon one side of the nose than the other, the flow usually comes from both nostrils. When handkerchiefs are soaked with it they generally become stiff when dry.

In cerebro-spinal rhinorrhoea, on the other hand, the discharge is so watery that handkerchiefs dry quite soft; and in this affection the discharge is entirely limited to one nostril, unless there happens to be some obstruction on the affected side, when it may make its way to the opposite nasal fossa.

When the fluid is of arachnoid origin, headache or other mental symptoms are frequent, but are relieved by the discharge. The disease is not accompanied by lachrymation or suffusion of the conjunctiva, and photophobia, and it may occasionally give rise to sneezing, especially in the morning.

In nasal hydrorrhoea the feeling of malaise begins with the discharge and only stops with its cessation. It is frequently ushered in with sneezing, photophobia and lachrymation. It rarely continues during sleep, while cerebro-spinal rhinorrhoea continues day and night. It is very erratic in its onset and in its intermissions, and is very dependent on external influences and on conditions of health.

Moritz Schmidt states that some cases have been observed which were dependent on ulcer of the stomach or biliary lithiasis. He defines the disease as a vaso-motor rhinitis.

Beeman Douglas says: "These cases are analogous to Bright's disease or edema of the feet. They are due to stasis, and there never was a true nasal hydrorrhoea of cerebro-spinal origin."

Many surgeons and anatomists think a cerebro-spinal rhinorrhoea impossible without traumatism.

Casey Wood claims that in the majority of these cases optic atrophy is more or less pronounced, and that the underlying cerebral disease is frequently some form of hydrocephalus. The inter-cranial tension due to this disease finds relief by seepage of fluids through one or more basal openings, into the nasal meati, or neighboring sinuses.

Treatment—The treatment should be addressed to the morbid nasal lesions, such as are found in hay fever or other forms of hyperesthetic rhinitis, or to any other pathological condition present in the nose and accessory sinuses, not overlooking conditions of the brain, as suggested by Wood; and in this connection, lumbar puncture, or some decompression operation ought to be borne in mind; meanwhile remembering that many of the cases may be of toxic origin, as the new one now reported, and that hygiene and tonics will do good.

The relation of glands of internal secretion to this disease or symptom (especially the pituitary body should be studied).

66 South street, Morristown.

DISCUSSION.

DR GUY OTIS BREWSTER, Dover; I agree with Dr. Vaughan that many, if not most of the cases of nasal hydrorrhoea are of toxic origin.

While every practitioner of medicine meets with cases of this nature at all seasons of the year they are most common, or one might say most apparent, in the summer time, and it has always been my impression that the medical profession generally, considered those persistent cases of nasal hydrorrhoea, which were classed with ordinary hay fever, when occurring in hot weather, as all of similar origin.

My investigation of such cases, especially believe that they are more common than the reports of them by specialists would lead us to believe, but that they are overlooked and not sent to the specialist because of their occurrence among neurotic patients, who have so many different symptoms to present to their physician, that—as the condition is not apparently dangerous, he is apt to overlook their complaints of watery eyes and running nose among general practitioners, has caused me to and feel more like prescribing a dozen handkerchiefs for the patient and a rest cure for himself.

The case presented by Dr. Vaughan is undoubtedly an exceptional one and more persistent than is usually observed. In my practice I have never encountered one of such severity or one that so obstinately refused to respond to treatment. I have observed three cases of nasal hydrorrhoea with the symptoms described by Dr. Vaughan, one in a man of sixty years who was subject to attacks at any season of the year, which were always preceded

by sneezing and accompanied by photophobia and lachrymation.

He had Bright's disease and the attacks of hydrorrhoea were preceded by an attack of toxemia with headache and malaise, and the hydrorrhoea was welcomed as a relief and the end of the attack. The patient referred to the discharge as starchy, because it stiffened his handkerchief when it dried. The nasal discharge usually continued three to six weeks and he would have a recurrence of the toxemia and hydrorrhoea whenever he indulged himself in overeating, which was one of the two joys of his existence.

My second case of hydrorrhoea was a man of forty-eight who suffered from intestinal fermentation and auto-intoxication and came to me for partial deafness. On using a two per cent. cocaine solution through the nose with an applicator preparatory to catheterizing the eustachian tubes, I caused a nasal hydrorrhoea which was typical in all its symptoms and lasted three weeks. It recurred every time I repeated the treatment, which I discontinued after three repetitions of the hydrorrhoea and continued the ear treatment without cocaine. He gave a history of similar watery discharges having occurred from nasal irritation at various times for ten years preceding, and I also learned that such attacks had always been preceded by an attack of asthma.

Both cases improved more under constitutional treatment than local, and both were prone to recur whenever they departed from a simple diet.

The third case was a young woman of twenty, whose hydrorrhoea was due to varicosities of the nasal septum and ceased after cauterization.

DR. LINN EMERSON, Orange: I know of nothing more discouraging to the nose and throat specialist than cases of this sort. The reason is because we might say there are fifty-seven varieties of this disease. The true nasal hydrorrhoea shades off into hay fever and asthma and I am firmly convinced that a very large percentage of these cases have sinus disease. Formerly I was very enthusiastic in the treatment of these cases. Very much to my chagrin they were not relieved by inter-nasal treatment. I think those cases that are benefited by inter-nasal treatment and operative work are very small indeed in number.

DR. LANCELOT ELY, Somerville: A patient suffering from nasal hydrorrhoea came under my observation about three years ago, which I believe was due entirely to a nervous condition. The patient was a married woman about thirty-eight years of age; when she came to my office she was always in a very nervous condition. I treated her nose with local applications during several attacks but with no permanent results. Her symptoms often assumed the character of asthma. Every time I examined the nose the mucous membrane was congested and swollen, the hydrorrhoea was excessive. I suggested the removal of a part of the inferior turbinates. The parts were cocaineized, after which the patient became very hysterical, and it was impossible to proceed with the operation. I put the patient on treatment for her nervousness, to which she responded. To my knowledge there has been no return of the hydrorrhoea.

SUBMUCOUS RESECTION OF THE NASAL SEPTUM.*

BY THEODORE W. CORWIN, M. D.,
Newark, N. J.

Valuation—This procedure is admittedly the perfection of operative procedures for the correction of deviations of the septum. The various thickenings, spurs and other distortions of the hard tissues of the septum are included when we speak of its deviations. It affords to the patient all the advantages possessed by the older methods of operation and has few disadvantages or contra-indications. Its aims are more ambitious, for while other operations were used for relieving each kind of lesion singly, the resection may and should be so extended as to correct a number of evil conditions and indeed nearly all of them, as a rule, even when of diverse characters.

Development—Our present knowledge of the tolerance of the septal tissues for surgical measures was not attained easily. I well remember the period when an invasion of its holy precincts was regarded with horror like to that felt by one who would enter the peritoneum. Those were the days when nasal catarrh was often referred to as an example of the helplessness or inefficiency of the medical profession. How different the situation now. We can undertake the relief of most cases of nasal catarrh nowadays with as much confidence as may be felt in caring for a broken limb.

Formerly the materia medica was heavily freighted with remedies for this affliction.

Anciently finger pressure was advised to be repeated for years together.

With the discovery of cocaine in 1885 came the era of *surgical exploitation*.

Almost every kind of surgical device was brought to bear upon the nose.

At the beginning of the surgical era came clamps and screws, heavy forceps, all sorts of incisions, sawings, filings, trephining, pinnings, splintings, tubings, burnings, borings, pinchings, punchings, chiselings, scrapings, snarings, shavings, electrolyzings and what not.

Pretty much all of these methods tended to destroy the integrity and functional capacity of portions of the mucous membrane. Nowadays the conservation of this important structure is rightly given conspicuous attention.

*Read at the 147th Annual Meeting of the Medical Society of New Jersey, at Spring Lake, June 12, 1913.

I do not mean to say that the measures alluded to, when properly limited, were without value, but can say that now we know a *better way*. Many good results were effected by the Asch operation, the Gleason operation, the Bosworth saw operation and others, but as a rule the results were but *partial*. They also entailed much after-distress (from bleeding, from slow healing with painful dressings, and often from inflammation and sepsis.) With the submucous method the whole trouble is disposed of at once as far as the septum is concerned, and the case is often practically dismissed with the first dressings.

Before considering the operation further let us glance at the pathology of nasal catarrh. The most glaring and injurious imperfection of noses as we find them is stenosis. The nose is insufficient, is not big enough for its job. The breath of life fails to get through it—or gets through under great difficulties and with much diminution of the amount of life, and not infrequently its course is so modified that it carries some degree of death along with it. This insufficiency is commonly due to lack of development. A study of the forces which develop the face show that the face develops around the teeth.

When during infancy and childhood, the teeth are not developed vigorously from want of proper nutrition or from lack of sufficient exercise in mastication, the dental arches remain undersized and narrow, often irregular and the whole face partakes of these characteristics. The nasal structure is likewise seriously restricted in development. The study of orthodontia has wonderfully extended our appreciation of these powerful influences. Deviations and other deformities of the nasal septum are almost invariably associated with this imperfect development, and they add much to the affliction of the sufferers.

The most efficient cause of deviations of the septum is stenosis, and I refer to stenosis of the nasal fossae as a whole.

We mean that when the nasal cavity as a whole is smaller than normal it has not room in it for a normally developed septum. When the nasal fossae are thus stenotic the septum has to double up on itself, perhaps but once, perhaps several times to get itself accommodated, or rather insinuated there, and with this doubling it becomes thickened, irritated and deflected, and then it, in itself, becomes an obstruction—that is to say, an *additional* obstruction to the respiratory function.

It cannot be too well stated that a deviated septum is always an obstructive septum, that a thickened septum is always an obstructive septum, and that a deviated and thickened septum, which is the usual finding, is a further cause of hindrance to respiration. But when the septum is reduced from such conditions to a simple smooth thin median membranous wall it ceases to be an obstruction.

Do we then relieve nasal stenosis by the submucous operation? Yes and no. Yes, we relieve such of it as depends on the septum. No, we do not relieve that part due to a narrow conformation of the nose—to enlarged turbinates—to narrow superior maxillae, etc. He who expects to fully relieve most cases of nasal stenosis by the submucous septal operation *alone* will soon surely suffer disappointment.

The proper way to relieve the nasal stenosis is to enlarge the nose to its proper size. Much can be done while the tissues of the face are plastic and before ossification of the superior maxillae becomes complete. Treatment is begun by removing all obstructions to nasal respiration *in the softer tissues*. Hypertrophy of the adenoids and tonsils are the chief offenders in this respect. When mouth breathing persists after such treatment, it will commonly be found that the dental arches are narrow or defective. This may often be observed even before the second dentition. Then the orthodontist should step in and by various appliances move the teeth into correct position, so as to give the jaws normal width and make the occlusion between them perfect. With the expansion and development of the superior maxillae, which now follows their correct use, the nasal cavities are also expanded and enlarged, so that stenosis disappears and even the septum becomes straight because it has more room for itself.

When the jaws have become so firm that orthodontia cannot be made complete, or for any reason cannot be undertaken, nasal expansion must be undertaken so far as practicable, by reduction of septal deformities and by resection of the turbinates, whether abnormal or normal, until a good breathway is established on each side of the face. Of course, we meet many cases of septal deformity which are of traumatic origin and, if they are not of such long standing as to have caused secondary hypertrophies of the turbinates, the correction of the septum will be the only indication for operation.

SUBMUCOUS RESECTION OF SEPTUM.

Preparation of the Patient—The patient should be free from any acute morbid process as manifested by fever, pain, failure of nutrition, or other serious condition. Chronic catarrhal conditions do not bar it. Even chronic tubercular conditions do not contra-indicate it if the general condition is fair. I have frequently performed this and other nasal operations in tubercular patients and have found naught but benefit to result. A marked tendency toward bleeding should not be lightly regarded.

The patient may take food as usual, should have had no stimulants and the bowels should be free. The face and hands should be well washed. The anterior nares should be carefully cleansed and rendered aseptic, which often requires considerable work. A sterile gown is then put upon him. I further apply an antiseptic solution to the face and neck and allow it to dry upon the surface. The moustache should be freely treated with it. I have not found it necessary to clip the vibrissae unless very long. With women, I usually have the hair encased in a sterile towel. A towel is usually clamped in front of the neck. The field may then be considered clean. Strict surgical asepsis is otherwise maintained.

Anaesthesia—I have rarely operated under general anaesthesia. It generally complicates the procedure. About an hour before beginning the resection, both sides of the septum are covered throughout with a layer of cotton wool which has been moistened in a solution of cocaine muriate 8% and adrenalin muriate 1/5000, after cleansing the nares as stated. Often this has to be supplemented at some points by the application of 16% solution of cocaine, or even the use of the powdered crystal. I formerly used submucous injections of the Schleich solution, containing adrenalin 1 to 5,000, beside the surface applications. As this has often produced temporary syncope or epileptoid conditions, I have ceased to use it. Several deaths have lately been reported from such use and the adrenalin has been found to be the dangerous element. Happily, I have been spared any disaster.

The surface application of adrenalin in even full strength does not appear to have any danger. It mightily contracts the arterioles and this is a most effective hemostatic.

Haemostasis—Aside from adrenalin and the upright posture, haemostasis is usually provided against by the exhibition of a full dose of calcium chloride before beginning

to operate. I administer to an adult 50 or 60 grains in peppermint water diluted.

Posture—I have the patient sitting in a surgical chair, which is tilted several degrees backward. When sitting upright in a straight chair they are liable to get tired or faint.

Instruments—A multiplicity of these exists: I use principally the Myles nasal speculum, the Freer knife for the mucous membrane and cartilage, the Ballinger swivel knife, the Jansen forceps, Killian elevators, 1/2 sharp and blunt, and a V-shaped gouge. A Carter speculum to hold the peri-chondrium open is also desirable. Numerous cotton carriers must be ready for use for sponging.

Site of Operation—I find it feasible to operate from either side, but prefer to start from the naris which presents the chief difficulty, usually on the side of greatest convexity.

Preliminary Operations—It frequently happens that conditions exist which are liable to interfere with the performance of the resection or the replacement of the septal wall. Adhesions, due to former operation, etc., may require attention. They may be separated without hesitation, care being taken to avoid a perforation of the septal wall. Very commonly, one or more of the turbinal bones may be so enlarged as to pass the median line. They may be reduced or removed before proceeding to work upon the septum.

The Incision—This should usually be made just within the cutaneous border and should reach from the highest point to and often across the nasal floor; if not thus extensive all subsequent measures are difficult because of insufficient access to the interior of the wound. The knife should cut to and partly through the cartilage. The half sharp elevator should now be made to raise the perichondrium throughout the area to be operated, if possible. Great care should be observed to start the elevation with the blade against the cartilage proper, for if the peri-chondrium is not raised *at the start*, the dissection will prove difficult. The mucous membrane will *alone* be lifted and perforation and laceration are almost sure to occur.

The peri-chondrium will usually be found to be quite firmly attached at the apex of any sharp ridge or spur. The elevation should be made toward such attachment from above downward, and then from below upward, and thus perforation will more readily be avoided.

The original incision in the cartilage may now be deepened until the knife is felt to have passed just beyond the resistance offered by this dense tissue, or until the finger applied to the opposite surface of the septum feels the presence of the blade under the mucous membrane. The extension of this cut to its proper limits, above or below, is best accomplished with a small, blunt-pointed straight bistoury. The elevation of the peri-chondrium of the opposite side of the septum is now undertaken in the same manner as on the near side.

The triangular cartilage is now to be removed. It may be bitten out with the Jansen forceps or resected in one piece by the Ballinger swivel knife.

Resilience—When the latter method is used the piece removed will look quite innocent of much curvature. This shows that while it was in its position, it was under tension and therefore curved, but straightened itself out when removed from confinement. The ethmoid perpendicular plate should then be bitten away with the Jensen forceps so far as it presents deviation or thickening. At the back part, where the bone is thin, long pieces may be broken out by twisting the segment seized by the forceps.

The septal ridge remains for treatment if deflected, even though in but a slight degree. With it, horizontal spur formations are found. The first thing to be done is to draw the knife along the upper surface of the ridge and cut to the bone. The need of this depends upon the fact that the cartilage has a sheath or sac which entirely encloses it and therefore runs under between it and the septal ridge below.

The treatment of the septal ridge may be conducted in either of two ways. The older plan is to denude the sides clear of periosteum to the floor of the nose. The gouge is then driven into it below the spur and the bony mass is then split through its lower attachment by rocking the gouge. Any additional portions are broken away with the forceps.

The other method as described by Dr. Ballinger is also serviceable and is intended to save time involved in denuding the septal ridge. It consists in seizing the septal ridge with a strong forceps applied with one beak in each naris over the mucous membrane. The mass is then rotated laterally in such manner as to break its lower bony attachments and, at the same time, to loosen it from its attachment to its periosteum and mucous membrane. The bone

may then be lifted away as after the other procedure. I have lately done this with satisfaction.

The nasal spine now remains for attention. Usually it is so thickened that it constitutes an obstruction. With a sharp blade its denudation is carefully accomplished and it is then chiseled or broken away. The resection may now be considered as accomplished.

The aponeurotic sinus is to be cleared of all debris and closed by apposition of its walls.

A careful inspection of each naris is then made aided by palpation, with a smooth elevator, and the inner wall of each naris at all parts carefully determined. If no deviation from the median line is found, the dressing may be applied. If any projection is seen or felt the resection should be resumed until a complete clearance is effected.

Position of the New Septum—The setting of the flaps is quite important and should be made as accurate as possible. The aim should be to place them, not in the middle of the nasal fossa, but *in the median line of the head*. This plane is determined by observing the central point of the bridge of the nose at its root near the forehead, externally; then noting the median plane of the mouth as indicated by the fissure between the middle upper incisor teeth, if these are correctly placed, or by noting the median raphe of the hard palate.

The plane included between these centres and the posterior border of the septum may be considered the median plane of the head, and in this plane the new formed septum should be placed, without regard to whether the nasal channels thus determined are equal or not. If they are unequal they should now or later be made equal by reducing the turbinate bodies of the narrower naris.

This median position of the septum cannot be obtained if any part of its deviated portion be suffered to remain. Every curve or ridge and every thickening, whether symmetrical or not, should be removed. To attain this, I do not hesitate to resect close up to the dorsum, if the deviation reach that far, and to go clear to the floor when either naris is encroached upon below. Without such persistence the results of this operation fail to realize its possibility of benefit. I have little fear of sinking of the dorsum of the nose if asepsis be rigidly maintained.

Dressings—A stitch is sometimes required. The mucous surfaces are dusted over with nosophen powder from a blower. Each naris being held open, a small tampon gauze is placed under the dorsum on each side and then half-inch gauze strip is packed under it from a packer. The end of the packer, covered with a sterile finger cot, is introduced into the nose. The gauze is fed into the cot inside the naris until the latter is distended throughout. The same proceeding is then done on the opposite side. A small wad of cotton in each nostril completes the dressing.

Additional Measures—As a septal resection is usually undertaken with the object of improving nasal respiration such additional surgical measures as may be required may commonly be done at the same time if the patient be in good condition. Thus, the middle turbinals on one or even both sides may be resected at their anterior and posterior ends or throughout, and polypi may also be snared.

Benefits of the Operation—Quite aside from the more or less complete relief of mouth breathing and of the catarrhal processes, and all that this means to the patient, there is frequently much cosmetic gain. The collapse of the alae during inspiration is often obviated. Many cases of septal deviation directly cause deviation of the external nose—and this unsightly feature is often wholly or greatly removed by the resection.

Again, the head tones of singers and speakers gain greatly in volume and purity when nasal obstructions have been withdrawn.

In conclusion, a submucous septal resection is usually a thing of beauty and a joy forever.

CASES

Case 1.—W. C. C., manufacturer, aged forty-five, has frequent colds affecting the entire respiratory tract, noted about every two weeks for years, and occurring with slight occasions. General health good except that sleep is disturbed at 4 a. m. by dryness of throat and accumulation of phlegm which is troublesome to remove. Patient has lost a brother and sister from consumption.

Examination—Shows deflection of septum, making right nasal channel very narrow. There is posterior turbinal enlargement. The dental arches are narrow and general catarrh is present. November 30, 1909, operation, submucous resection of the septum, reaching far up into ethmoid plate

and also well towards floor of mouth. Marked relief to his catarrh followed; no longer is disturbed in sleep.

Case 2.—E. H. J., merchant, aged 38, from New Brunswick (Hebrew). Referred by Dr. A. L. Smith, New Brunswick. His nose was struck and broken in early childhood and has since had difficult nasal breathing, marked by sneezing, watering, partial loss of smell, headaches, frequent and persistent colds, posterior drip and vasomotor changes, often causing complete stoppage.

Examination—Nose points moderately towards the right cheek. The septum greatly thickened, causing obstruction on both sides, is convex in forward third on left side and in middle third toward the right side. The hard palate is narrow and presents a Gothic arch.

Operation—August, 1909. Submucous resection. Operation, October, 1909, complete resection of right inferior turbinal. Later developed gummae of hard palate which responded promptly to usual treatment. Marked relief to symptoms was obtained from these procedures.

Case 3.—S. J., clerk, Jersey City, age 22, referred by Dr. A. L. Smith, New Brunswick. Presents septal deflection with attachment to turbinals on each side, jaws narrow, teeth poor, tonsils large, adenoids present, complains of continual hacking and ear symptoms, mouth burning and so on. Also has mitral systolic murmur and a feeble pulse. Operated two years ago in Jersey City, no relief followed, obstruction increased. June 10, 1911, submucous resection performed after cutting lateral attachments. Extended resection made in all directions. Prompt healing. Celluloid plate was kept in the right naris and a soft rubber tube on the left side to prevent the adhesion from reforming. September, has septum median, has good use of new nostrils, which, of course, still remain narrow.

Case 4.—F. W. W., Newark, law student, age 21. October, 1910. Symptoms, mouth-breathing, marked obstruction on left side, posterior drip, dry throat, etc. Nervousness. Adenoids and tonsils removed five years ago. Nose has been treated by acid cautery applications repeatedly.

Examination—Deflection of septum with a prominent vertical and horizontal ridges on left side. Extensive attachment of left inferior turbinal to the septum. Right inferior turbinal also attached to septum by long band. Posterior turbinal tips much enlarged, large scar in naso-pharynx. Oc-

tober 17, 1910, submucous resection, after separation of attachments. Celluloid plate inserted to maintain separation. November 2nd, fine result. Case has since progressed most acceptably.

Case 5.—April 10, 1911. A. C. D., aged 50, Newark, N. J., physician. Catarrhal symptoms, frequent colds, breath becoming offensive. Examination shows badly deflected septum, very convex to right and concave to left. Attributed to fall in childhood. Pus discharge on right, transillumination, right cheek shows dark. Diagnosis: Severely deflected septum, abscess of right antrum. Operation: Submucous resection, excellent result followed, greatly improved breathing on both sides of nose. February 20, 1912. Operation, forward half of overgrown right middle turbinal removed. October, 1912, shows anterior ethmoid cell still injected. Operation, cell cavity freely opened. Marked relief followed and continued.

Case 6.—H. S., 15, East Orange. Nose symptoms one year and a half, sense of pressure on left naris constant and increasing. No breathing on left side, mouth breathing day and night. Nose often stuffed. Examination: Nose points slightly to right at tip, septum badly deflected, convex on left side and closes passage, upper jaw very narrow in front as shown by line of teeth, front upper teeth reach forward in front of lower, lower front teeth arrange in double row. January 7, 1913. Operation: Septum resected. February 1. Excellent result, external nose has become straight, septum now median, respiration greatly improved. Ordered further treatment by orthodontia.

Case 7.—J. C. D., April 30, 1912, age 32, salesman. Supposed injury of nose. Since school days, entire stoppage of left naris; Bosworth operation done fifteen years ago by Dr. Lefferts, of New York. Still has no breathing on left side. Mouth breathing at night, ear symptoms, general health good except for nervousness.

Examination: Severe angular deflection of septum, closing left side nose, angles vertical and horizontal. May 7, 1912. Septum resected. Operation difficult owing to scar tissue from previous operation. No complication. Excellent breathing has since been obtained.

Case 8.—R. H. December 27, 1912, age 22, Newark. Student architect. Injury to nose is supposed, had many falls and many nose bleeds. Always had mouth-breathing.

Examination: External nose deflected,

voice shows nasal tone, upper jaw narrow, hard palate high, poor teeth, nose markedly narrow, septum much deviated, right nostril mostly closed, right middle turbinal large, posterior turbinal tip large.

December 30, 1913, submucous resection, January 15, 1913, has done finely, external nose now straight, with much improvement in appearance, septum median nose still narrow internally, some resection of the turbinal may be necessary for the best results, but as patient is very comfortable, he has decided to postpone treatment on that account.

DISCUSSION.

DR. LINN EMERSON, Orange: Dr. Corwin was kind enough to permit the reading of his paper last night and I told him I thought there was little left for discussion, because he had said it all. I can certainly say "Amen" to all he has said. The more I practice the more sub-mucous operation I do. I thought some years ago that the sub-mucous operation was being over done. I thought the patients were benefited by the removal of turbinates and sawing off of spurs to give more room in the nose. On account of my poor technic the sub-mucous operation was quite a procedure, but as my technic improved it became less so, and the contention that the sub-mucous operation gives you room without sacrificing the mucous membrane is certainly true. My method of procedure is a little different from Doctor Corwin's, as to posture of the patient, and so forth. I formerly did my operation with the patient sitting up, but now lying on the operating table with head elevated. There are a certain number of patients that get a panic and become faint and blue if they sit up, even if their head is held by the nurse. This increases the difficulty of the operation; but as to the procedure itself, I think the Doctor has explained it fully and I wish to give approval to everything he has said. I congratulate him upon the thoroughness with which he has prepared and delivered his paper.

GUSTAVE A. SCHOENING, Trenton: I would like Dr. Corwin to tell us whether he does the sub-mucous operation in a plain case of a ridge where it is very easy to saw it off, and I would also like to ask the next speaker how he does away with the difficulty of the bleeding when the patient is in a lying down position.

DOCTOR CORWIN: In closing the discussion I would say, that as regards the position of the patient during the operation some latitude is permissible. With good action he may remain nearly upright throughout, the chair being tilted backward but slightly. If any weakness or pallor be noted the back of the chair is let down to the horizontal plane. These conditions are more commonly due to the apprehension of the patient than to anything serious. After a few minutes he feels comfortable and his head may be raised to about the same position as before.

Dr. Schoening asks whether crista of the septum are treated in this way. I would say

that if the septum be deeply cocaineized every crest will be found to surmount a deflection of the septum since inspection will show a concavity of the septal wall on the side opposite to the crest in practically every case.

The most satisfactory way to remove a crest is to work submucously and this is especially desirable when the crest is located to any extent in the anterior third of the nasal channel. No raw surface will then be left to heal by the slow and uncomfortable process of granulation. However nearly all of the crests are associated with such considerable deflections that the surgeon should resect the septum with the crest instead of operating upon the crest alone. The presence of a crest even when of the greatest size and extent never contraindicates the sub-mucous resection. Indeed the greatest triumphs of the operation have been obtained in just such complicated cases.

RAPID STOMACH DIAGNOSIS, WITH TWO ORIGINAL METHODS.*

BY STEWART LEWIS, M. D.,
Lakehurst, N. J.

I think we all have the feeling at times that if we were to do strict justice to all our patients, we would treat about two to four cases a day, which would be very gratifying scientifically, but at the present cost of living, hardly practical. Our problem, then, is the same one which efficiency engineers are trying to solve in business—that of doing the best possible work in the shortest possible time.

This is an attempt to apply efficiency methods to stomach diagnosis (in the ordinary office cases). It seems to me that *there is more careless diagnosis in stomach disease than in any other branch of medicine*; this for obvious reasons, as the methods are tedious and disagreeable for all concerned; yet I fully believe that *correct treatment is more dependent on correct diagnosis* than in any other branch.

The patient presents himself and complains of indigestion. How shall we get his history?

Gastric symptomatology can be boiled down to seven main headings. Any man can commit these to memory in five minutes, and having memorized such a list saves more than five minutes in every examination, besides making the work easier and oftentimes saving us the humiliation of forgetting to ask some important and perfectly simple question.

(1) Tongue, (look at it), (2) Breath, (3) Appetite, (4) Eructation and Regurgitation, (5) Distension (sense of), (6) Pain and Burning, (7) Nausea and Vomiting.

This covers the entire range of stomach symptoms. With a few obvious questions, as to mode of onset, previous attacks, bad habits and especially the existence of neurasthenia or psychasthenia, we are ready for—

The Examination:—How can we get a fair idea in a few minutes time? (Understand, this is for the ordinary office patient. It does not at all apply to those tough old chronic cases which need the combined services of gastrologist, neurologist, Roentgenologist and surgeon.)

Points to be looked for—(1) Size, position and muscular power of the stomach; (2) Amount of acid secretion; (3) Patency of the orifices; (4) Presence of tumors or painful points.

Routine—(1) Inspection and palpation (to note tumors, swellings and painful points). That is obvious.

(2) Stomach splash (Clapotage). This is certainly a valuable test if used with judgment. For instance, one hour after a meal with six to eight ounces of liquid, such as the Ewald meal, given an abdominal wall of average strength and thickness, we should be able to elicit one or two moderate splashes. More tendency to splash means atony and if over a larger area, dilatation. With practice one learns to allow for the various factors of amount of food and liquid, period of digestion, thickness of abdominal wall, etc., with sufficient accuracy to make the test very useful in most patients who present themselves within one or two hours after a meal, yet if greater accuracy be desired and it seems best not to use the stomach tube, the patient may be examined at the same period after a stated meal as the meal would ordinarily be withdrawn.

(3) *Auscultatory Percussion*. Some years ago I made a study of stomach percussion, and I nearly wore my patients out by percutting them, standing up and lying down, with the stethoscope and without, stomach as usual, gas distended, or water distended. Each result was carefully noted on outline charts. I soon found that I could outline the stomach easily by any method. The only trouble was that the next method outlined it equally well—in some other place.

Finally I worked it out on theory, (desiring to add force to the facetious obser-

*Vice-President's Address read before the Ocean County Medical Society, November 1912

vation of Abrams that "No gastrologist can advance any claim to distinction in his chosen speciality until he has devised some original method for percussing the stomach"). It seemed that what I wanted was the highest-pitched note I could possibly get, so it would just penetrate the wall and the viscus directly underneath—just a little "Spat!" I get it by percussing with a pencil the last two inches of which I have whittled flat. By placing the stethoscope over the stomach and percussing from below upward I can get the stomach outline almost every time. Of course one cannot percuss an empty stomach. It is up under the ribs. It is necessary to inflate it, as I will suggest in a moment.

(4) Soda test of acidity. (Dr. Benedict's.) Dissolve a scant teaspoonful of soda bicarb in a half glassful of water and tell the patient to drink quickly and hold down any gas which may form. Now we splash the stomach quickly to mix things up and apply the stethoscope. The more fizz and crackle we hear the more free gas in the stomach. Often the stomach is noticeably distended—a good chance for percussion.

How about organic acids? We rarely find enough to give much effervescence. If signs of much fermentation make us wish to, we can eliminate this source of error by telling the patient to wash his stomach the first thing in the morning by drinking hot alkaline water, lying on his right side and "splashing" the stomach. He should then take his light breakfast in half an hour and come for examination in an hour.

(5) Inflate the stomach. The preceding test may have done this sufficiently, or we can give a half drachm of dilute HCl to further decompose the soda.

Much better, I think, is a method which I suggested in the J. A. M. A. three years ago. (Vol. LV., p. 664.)

Procedure—The patient is placed on the examining table, the abdomen exposed, a towel arranged under the chin and a siphon of carbonated water rested on the shoulder with the nozzle at the patient's lips. These instructions are given.

"I wish you to drink some of this carbonated water in order to get some gas into the stomach, which will swell it a little and help my examination. Please manage to siphon yourself; drink very slowly at first so as not to choke yourself and then drink as rapidly as you can. I will tell you when to stop."

The average patient will thus take eight

ounces or more without difficulty. In favorable cases even half this amount will bring the outline of the stomach clearly into view, while the mixture of gas and fluid gives to palpation a crackling feel and typical splash apparent to the most inexperienced.

Difficulty is found in the following cases:

(1) Obesity—Comparison of percussion outlines before and after inflation will rarely leave one in doubt.

(2) Relaxed Pylorus—In these cases the gas rapidly escapes into the small intestine. With a little practice one readily understands this condition and the observation is itself of value. The inexperienced may here be led to wrongly make a diagnosis of misplaced stomach. Percuss carefully during the inflation.

The following objects are attained:

(1) Size and position are accurately determined.

(2) With practice some idea of gastric tone may be obtained. Roughly speaking, four ounces of fluid will lower the border of the normal stomach about an inch. In atony it may lower the border two or three inches.

(2) As noted above, rapidity of escape of gas into the intestines will be a crude test of the tone of the pylorus.

(4) Tumors may be more readily palpated.

I have practiced this method in about fifty cases and have quite carefully compared it with results obtained by other methods of inflation, by progressive water-drinking and in a few cases by transillumination with Einhorn's gastro-diaphane, aided by fluorescein solutions.

The following advantages appear to me:

(1) It is safer; (2) It is much less unpleasant. I have never had a patient object; (3) It is, in my opinion, efficient.

As illustrations, I report the following cases:

Miss E., aged 40. Shows marked cachexia and emaciation. Tongue, slightly coated. Breath, normal. Appetite, complete anorexia. Eructation and regurgitation, marked, sour. Sense of distension, marked. Pain, moderate (increased by eating and relieved by vomiting). Burning, none. Nausea and vomiting, incessant. Has had two such attacks previously. Is very neurotic. Has just returned from hospital, where diagnosis of pyloric carcinoma was made.

Examination: Inspection, negative. Palpation, marked epigastric tenderness.

Splash, none. Soda test, not made. Inflation, shows distinct "*vertical stomach*," a normal pylorus easily palpable to right of and below the umbilicus. Gas-bubbles can be felt passing through.

Diagnosis—Vertical stomach; Sensorimotor neurosis.

Case 2.—Miss S., aged 32., artist, thin and pale. Highly neurotic. History of irregular attacks three years. Treated by several physicians without relief. One had practiced lavage but no analyses had ever been made. Acids had been used in medication.

Tongue, clean. Breath, normal. Appetite, excessive. Eructation and regurgitation, marked, very bitter or sour. Sense of distension, marked. Pain and burning, severe, usually two hours after eating, sometimes relieved by vomiting or alkalis. Nausea, at times, when pain. Vomiting, voluntary. Sometimes small quantity of acid, sometimes "retention vomiting."

Examination—Inspection, negative. Palpation, epigastric tenderness. Splash, about average. Soda test, distinctly excessive. Inflation, normal. Repeated chemical analyses showed H cl. in distinct excess (the first showed no free H cl. and had it been depended upon would have been very misleading). Amount removed very variable. Organic acids variable, sometimes very excessive. Diagnosis: Hyperchlorhydria with pylorospasm.

This case proved very interesting as, in spite of treatment, she grew steadily worse. Symptoms of beginning dilatation appeared. In spite of rest cure with lavage any food was fermented speedily. Cultures of the stomach contents showing large numbers of an unknown but very active gas-forming bacillus; at the suggestion of the bacteriologist, Mr. Dana Jackson, lavage with potassium permanganate was tried. Rapidly increased to tolerance, (a $\frac{1}{2}\%$ solution) this controlled the infection and improvement began at once, and continued.

While in both these somewhat unusual cases the diagnosis was verified by other methods the simple technique suggested would have sufficed. They are selected as illustrating easily avoidable diagnostic errors.

Pine Tree Inn, Lakehurst.

The absence, for a long period of time, of all signs of local infection in a case of purulent prostatitis, is strongly suggestive of a calculous etiology.—*Amer. Jour. Surg.*

POSTOPERATIVE INTESTINAL STASIS AND THE INTRA-ABDOMINAL USE OF OIL.*

By WATERS F. BURROWS, M. D.,
New York City.

Since my subject has reference to a postoperative abnormality, it is interesting to note that much has been accomplished in hastening convalescence and eliminating the discomforts and complications of the surgical patient by permitting early postoperative freedom of movement and through placing of the patient in the partial or complete sitting posture after the administration of the general anesthetic. The abdominal case operated upon without delay, returned to a bed raised eighteen to twenty-four inches at the head, permitted to move from side to side and sit upright in bed upon the second or third day, convalesces rapidly and, more important, avoids such complications as embolism, thrombosis, pneumonia, and difficult micturition with its dangers of cystitis, when catheterization is required. Intestinal functioning is likewise bettered, there is less inhibition of peristalsis and evacuations occur sooner; yet frequently intestinal disturbance is shown by a coated tongue, loss of appetite, abdominal distention and pain, while excessive vomiting and inability to easily pass gas or bowel contents by rectum emphasizes the fact that there are other important considerations.

Referring, in this communication, not to the cases with more or less complete inhibition of intestinal peristaltic activity, such as is present in advanced peritonitis, nor to these where there exists an obstruction, dependent upon adhesions, kinks, exudates, rupture of the operative wound, or accidental constrictions of the gut caused at operation, but to the more common ones, with less interference with the fecal current, seen after many abdominal surgical procedures; it is evident that the last are associated with a regional or segmental gut spasm. There is present a form of intestinal obstruction accompanied by its usual signs; vomiting, some abdominal distention and inability to readily pass bowel matter and gas. The bile stained, continued and often excessive vomiting is not fully accounted for by the gastritis resulting from

*Read before the Surgical Section of the 17th International Congress of Medicine, London, England, August, 1913. Subsequently before the Middlesex County (N. J. Medical Society).

the anesthetic. The comparative rarity of true fecal vomiting indicates the evanescence of the obstruction, which seldom exists long enough or to the extent necessary to cause regurgitation from the ileal loops. Fecal vomiting, however, does occur in this condition, may be mistaken for acute gastric dilatation, and overcome without the necessity of secondary operation, required when some mechanical etiological factor is present. Acute abdominal pain develops, dependent upon intestinal spasm and oedema, while proximal to the gut involved increased peristalsis occurs. Accumulation of gas follows when obstruction is unrelieved or spreading peritonitis is present and meteorism may become extreme, indicating overdistention and relaxation of the intestinal musculature, and a congested, sluggish circulation, conditions favorable to the spread of intraabdominal inflammation. Pain then becomes more decreased on account of the septic condition which supervenes and from discontinuance of muscular spasm. In its place there is the distress which results from encroachment of abdominal viscera and diaphragm upon the thoracic cavity, breathing becomes more difficult and interference with heart action increases its irregularity and adds to the abdominal vascular disturbance. Associated with the condition there is always more or less irregular peristalsis, distention and incomplete evacuation of the colon and rectum, which to some extent explains the beneficial results of an effectual stimulating enema. However, the expulsion of gas, following a rectal irrigation, is not in itself as important as the reflex, activating effects which a successful colonic stimulation exerts upon the rest of the intestinal tract, causing a return to normal, uninterrupted, wavelike peristaltic contractions.

The small intestine is usually the site of the abnormality as is shown by the diffuse character of the pain and distention, when present, which are not typically colonic. With distention of the colon pain is never so severe or only becomes so when, with obstruction, the small bowel distends secondarily, it is more definitely located, either in the sigmoid, most frequently, cecum or portion and the "ballooning" is most marked in the transverse colon, above the level of the umbilicus. Moreover, that the small bowel, not the large, is involved, is clinically demonstrated by the frequency of serious, excessive vomiting and severe abdominal pain following operative proced-

ures upon the small intestines or in the upper abdomen, where they are more exposed to irritation during operation than in either pelvic or iliac regions. In the lower animals, the dog in particular, the small gut contracts violently and becomes a stiffened, spastic tube upon even moderate irritation, whereas the rectum and large bowel are less perceptibly affected.

During the early stage of postoperative intestinal stasis the prognosis for spontaneous return of normal peristalsis is good, relief is affordable and suitable measures favor the propulsion and evacuation of intestinal contents, but with the advent of distention, following a primary period of spasm and pain, the condition present has, almost without exception, passed what might be termed an exaggerated physiological stage, has become complicated and demands secondary operation. In the aged, following operations where large intraabdominal growths have been removed, and where a relaxed belly wall exists, there may occur, in the absence of actual obstruction, a degree of distention postoperatively which is not usual. In these instances there is the distress caused by pressure upon the respiratory and circulatory organs in the thorax but absence of severe abdominal pain. The condition is one of intestinal atony, associated with deficient intraabdominal pressure, the danger is less and with stimulation, especially the use of strychnine, atropine, enemata and extra-abdominal pressure intestinal activity is regained.

The Treatment of intestinal stasis and spasm consists in resorting to rectal enemata, containing soap, turpentine, alum, castor oil, glycerine, magnesium sulphate, etc., in combination or singly, or the use of large, continuous, saline rectal irrigations, with or without essence of peppermint added. Strychnine aids the weakened patient; atropine, in large doses, inhibits abnormal spasticity; turpentine stupes and mustard pastes applied to the abdomen reflexly favor return of normal peristalsis, and the rectal tube left in place for the escape of gas, and stomach lavage may both be effectual. Eserine, theoretically contraindicated, is often used to overcome an intestinal atony, erroneously believed present, while hormonal acting similarly and more powerfully upon a bowel already in spasm, is consequently additionally distressing and ineffectual in producing results in the worse cases. Attempts through enterotomy to empty the gut of its contents, with failure

to eliminate the cause of obstruction, is attended with almost universal disaster. The position of the patient, lying upon the side, especially the right or partial sitting posture, is often a means of affording relief. Morphine is indicated in many instances, not only controlling pain but, through relaxing the spastic gut, aiding intestinal propulsion.

The pain, disturbance and actual dangers resulting from postoperative bowel stasis make evident the importance of *prophylaxis*. Not only are the means used to remedy the condition largely symptomatic and only partially effective, but some of them are in themselves attended with discomfort and often repeated procedures, each adding to the patient's fatigue, are required before a normal condition is restored. All attempts at prophylaxis depend upon recognition of the causes of postoperative stasis and these may be classified as follows:

1. Irritation of the intestinal musculature or peritoneum resulting, in spasm and obstruction at the site of excitation, with consequent increased peristalsis and accumulation of intestinal contents proximally, and in a reflex contraction at other susceptible portions of the alimentary canal.

2. A secondary circulatory engorgement, which prevents the absorption of the gas and renders peritoneal and other tissues less resistant to spreading infection.

3. The restoration of intestines to non-anatomical positions and the oversight, at operation, of kinking or prolapse.

4. Abrasions of the visceral peritoneum, followed by adhesions sufficient to cause angulation or to retain a displaced bowel in abnormal position.

To avoid intestinal irritation at operation, it is important to have large or easily enlarged incisions, to minimize the use of foreign substances, such as sponges and pads, within the abdominal cavity, relying instead upon posture of the patient, to manipulate the gut, when required, with a gloved hand, to avoid infection and exposure of intra-abdominal parts to the drying effects of air or to all but body temperatures, failing which congestion follows (consequently as little evisceration as is feasible), to eliminate from the operating room all irritating solutions in bulk, such as plain water, bichloride of mercury solution and alcohol, which upon the hands might gain entrance to the belly, and to exclude the use of all chemicals, such as phenol and iodine, employing instead the

actual cautery, the effects of which are controllable.

Evisceration and faulty replacement of intestinal coils or displacement and angulation, following operative procedures, are frequent sources of unrecognizable mild intestinal obstruction. Concerning the position of small intestines Mall says, "the jejunum first arranged itself into two distinct groups of loops situated well up in the left hypochondriac region. Each group made more than a complete circle and both of them came in contact with the anterior abdominal wall. After this the intestine passes through the umbilical region to the right side of the body. Then the intestine recrosses the median line to make a few convolutions in the left iliac fossa, after which it fills the pelvis and lower abdominal cavity between the psoas muscles." To a great extent misplaced intestines and purely mechanical disturbances will be restored, after operation, and overcome by physiological shifting of which the gut is capable. However, with any abdominal distention or in the presence of fresh adhesions this is made more difficult or impossible. Likewise an omentum, placed in malposition or spread out and pulled down into the lower abdomen, always tends to regain its natural position, carrying with it and kinking coils of intestines to which it may have adhered, or, becoming involved in the inflammatory process, it may press upon or constrict the intestinal lumen. Mechanical obstruction may have origin, moreover, in a mobile, prolapsed cecum, ileal kink, ptotic colon or voluminous sigmoid, all of which portions of gut should be inspected, when practicable, during operation.

Abrasion of the peritoneal surface of the gut is a most common and frequently unavoidable cause of postoperative intestinal stasis. The method of overcoming the effects of this traumatism by means of mineral oil, introduced within the abdominal cavity at operation, has proven effectual and safe, and its advantages were fully demonstrated in the following case.

A patient, a woman 32 years of age, was operated upon early in January, 1913, for the relief of obstinate constipation and cecal distress, volvulus of the cecum was found and appendectomy and cecopexy performed. The patient left the hospital upon the seventh day and for a few days the bowel evacuations were natural, but a certain amount of "gas" pain and attacks simulating increased peristalsis now occurred. The pain became sever at the pyloric

region and was associated with vomiting, which gave temporary relief. Upon each of the twelfth, thirteenth and fourteenth days vomiting occurred three or four times, and pain coming in intervals, was controlled by lavage. Upon the fifteenth day vomiting became more frequent, occurring every two or three hours, colicky pains became severe and enemata resulted in the passage of a little gas and particles of feces. The temperature, which had been normal, rose to 100 1-2 at 4 P. M., the pulse remained under 90, but considerable general abdominal distention appeared. Two hours later, at secondary operation, coils of small intestines, beginning at a point about one foot from the ileocecal valve, lying to the left of the mesentery and filling the pelvis, were found matted together with extensive, fresh, soft adhesions, sufficiently firm to cause acute angulation in three places and constriction in others. Upon separating them, which was done by blunt dissection, areas of peritoneum were torn off and denuded portions of gut, aggregating approximately 10 square inches, remained. It was found necessary to break down adhesions at about twelve places, involving perhaps eight feet of bowel. The site of absolute obstruction was near the cecum, the intestine distal was collapsed, that proximal greatly distended, but as usual it was the jejunum which suffered most in this respect. This part of the gut for three feet was distended to double its normal, black, but still presented a glistening peritoneal surface. The peritoneum ruptured in several places upon putting back the jejunum, evisceration having been required, its walls were so thinned out and tense that sutures would not hold, and attempts in this direction were soon abandoned. Six ounces of liquid petrolatum or mineral oil were sterilized, poured into the abdominal cavity and sponged over the coils of intestine. Approximately five ounces of oil were left within the abdomen, the fluid welling up into the wound upon closing the belly wall. Convalescence was uneventful, except for the occurrence of an extensive urticaria and temperature of 102 upon the fifth day, the temperature remaining at other times under 101 degrees Fahr. The pulse rate, after leaving the table was 128, but soon dropped to below 100, no vomiting followed operation, nor did "gas" pains, other than low colonic ones, relieved at once by rectal irrigation, reappear, but as a precaution cathartics were given early and persisted with for

three weeks. The patient again left the hospital before the completion of a full seven days. Now, ten months afterward, the individual is well and the original complaint, intestinal stasis, has been removed.

The writer has carried out a series of animal experiments showing the harmlessness and value of neutral mineral oil, used intra-abdominally. In most simple abdominal operations its use is not required, since prophylactic care will limit postoperative distress, but in all others the oil is of the greatest value when employed upon abdominal pads, during operation, or sponged gently upon intestinal coils, previous to closure of the incision, excluding only areas where adhesions are desired and having care that all plastic procedures and intestinal anastomoses are completed before oil is introduced. In cases presenting extensive adhesions, or widespread peritonitis, large amounts of oil (up to six or eight ounces) are required to prevent recurrence or formation of adhesions, to limit the absorption of toxins from the peritoneal cavity, to assist nature in combating the infection, and as a prophylaxis against intestinal stagnation, obstruction, spasm and final paresis. In the case of more than moderate severity intestinal spasm and stasis, together with abdominal pain, are largely eliminated and convalescence is made more comfortable and safe, while the individual in dire straits, at the time of surgical intervention has, postoperatively, manifoldly better chances of recovery.

Conclusions, based upon the peritoneal reaction to chemical irritation and upon the results of using neutral oil intra-abdominally to control infection and effects of traumatism, both mechanical and chemical, as observed in guinea pigs and dogs*, are as follows:

1. Iodine, mercuric chloride solution, carbolic acid, alcohol, etc., applied to the peritoneum, rapidly spread beyond the area intended, through capillary action and affinity for the tissues, destroy the endothelial cells, cause an excessive exudate and tend to produce permanent adhesions.
2. Olive oil, containing fatty acids, and commercial liquid petroleum, the impurities in which are acids, resins, fats and oils, both animal and vegetable, combining irritating substances with a bland oil, produce inflammation of intact peritoneal surfaces, as is shown by the occurrence of a

*Experimental studies carried out, through the courtesy of Dr. S. P. Beebe, at the Loomis Laboratory, Cornell University Medical School.

hemorrhagic exudate, which differs, however, from that which takes place in the absence of oil, in that agglutination and organization do not follow.

3. Bland, non-irritating oil, represented by purified liquid petrolatum obtained from Russian oil, cause none of the changes occurring in the process of adhesion formation, which are endothelial cell injury, coagulable exudate, agglutination, organization, and finally connective tissue and fibrous scar production. The oil has no appreciable chemical action upon the tissues, nor deleterious effect upon the animal and is slowly absorbed.

4. Oil used intra-abdominally in sufficient quantity prevents to a great extent the formation or recurrence of adhesions.

5. Oil fills the lymphatic channels leading from spaces denuded of peritoneum or opened by incision, thus limiting septic absorptoin, and, through preserving the endothelial cells, prevents extension of destructive processes (peritonitis).

6. Oil is used to advantage, intra-abdominally, in place of salt solution, upon abdominal pads or gauze introduced within the abdominal cavity during operation, and, in the exceptional case, poured into the wound. It protects the abdominal contents from much injury and eliminates or minimizes postoperative vomiting, abdominal pain and intestinal stasis, with the result that convalescence is safer.

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Mistakes in diagnosis are sometimes made by accepting a negative Wassermann reaction as exclusive of syphilitic infection.

Pyelography will sometimes demonstrate the cause of a renal colic when radiography, cytoscapy and examination of the separated urines have shown nothing.—Amer. Surg.

RESULTS OF OPEN AIR TREATMENT IN PUBLIC SCHOOLS OF NEWARK, N. J.*

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Open air treatment in Newark has been conducted on two different plans—the Pavilion Type, the Open Window Type; likewise for two different types of children—the tubercular and the anæmic, frail, under-weight non-tubercular.

Both types or classes were born of necessity, the pupils so afflicted were numerous, and to make no provision for such seemed a failure on my part to perform my whole duty.

HISTORY OF OPEN AIR MOVEMENT IN NEWARK.

The establishment of the first open air class took place in September, 1911. This was the Pavilion Type and was used to accommodate anæmic, frail, under-weight pupils. Later this class was removed to another building, being housed in an open-window class room.



Pavilion Type Open Air School.

The Pavilion Type Class, less than a year later being devoted to the care and instruction of pupils afflicted with pulmonary tuberculosis, who, because they were a source of danger to others, were excluded by the Department of Medical Inspection from attendance at a regular class. This movement has grown slowly until now there are in our city one Pavilion Type Class for tubercular pupils and three Open Window Classes for anæmic, frail, under-weight pupils.

*Read at the Fourth International Congress on School Hygiene, Buffalo, N. Y., August, 1913.

THE PAVILION TYPE OPEN AIR CLASS.

Equipment—This consists of a frame pavilion standing about two to two and one-half feet above the ground, covered entirely by a roof, open on three sides but having protection for the feet and limbs afforded by the front and sides being built up about three feet from the floor. This allows a free circulation of air and protection from the wind and storm.

The floor area of this pavilion is 750 square feet. A canvas shield is provided which can be put up and fastened in place on any side, to keep out the wind and storm when coming from a certain direction or to shut out too strong a cross light, but the latter is hardly ever required as the desks are movable so that the light is always being received in the proper direction.

These desks and seats are individual and of all sizes, as this is an ungraded class. Each desk and seat is provided with cleats, making them firm but movable. A portable blackboard and the usual books and other equipment are furnished.



Open Air Pavilion for Tubercular Children.

The personal equipment consists of caps, gloves, overcoats, sweaters, reclining chairs, sitting-out bags, soap-stone foot warmers, tooth brushes, sputum cups, paper handkerchiefs, and paper towels. Each article is marked with the child's name. Car fare to and from school is also furnished.

In a stone building against which this pavilion is placed there are installed cupboards and drawers for storing away equipment of the pupils, also a stove for heating the soap-stone foot warmers, which is operated with charcoal. There is also sufficient space for storing the desks, seats, blackboards and teacher's desk at night, which are easily carried in and so protected.

Alongside the pavilion and store house is

a large frame building which might be called the dormitory, in which there are two large rooms, separated by a sliding partition. Each room has a floor space of 1,400 square feet. The light and window surface is large, the light coming from all sides but one. The ceiling is 15 feet high, thus affording two large, airy rooms, well lighted.



Rest Period at Tubercular School.
Dining room at the side.

The room with the southwest exposure is utilized as a rest room for pupils and it is here that the reclining chairs are placed and where all pupils are required to take their after-dinner rest and sleep for an hour. The remaining room is used for a dining-room and kitchen, one corner of which is railed off for a kitchen, in which space is installed a coal stove, hot water boiler with gas heater connection for summer use, two gas stoves with ovens, sink with hot and cold water connections, two kitchen tables. The railing, separating the kitchen from the dining-room, is fitted with a flat top which acts as a service table.

There are installed in the dining-room proper four long wooden, highly polished tables with chairs sufficient in number to accommodate the forty-five pupils enrolled. For the sake of better discipline and order the boys and girls eat at separate tables. A pantry and cold closet adjoin the kitchen, in which are stored the ice box, dishes and food stuffs. All windows and doors are screened to keep out the flies.

The basement of this building provides for both girls and boys; sanitary drinking fountains, toilets, wash basins and a steam heater, which latter is never used except to keep the basement dry.

The above mentioned buildings are located on a knoll overlooking Weequahic Park, which is not only pleasing to the eye but affords plenty of clean, fresh air.

The Operating Staff—Consists of a head teacher and assistant, a janitor and his wife—who acts as a cook. Besides the above whole-time employees, there is provided the daily services of a medical inspector and frequent visits of a school nurse.

Qualifications for Entrance—Up to date no pupil has been permitted to enroll in this class unless it is evident, after a medical examination, that he or she suffers with pulmonary tuberculosis.

The cases are discovered by the medical inspectors in the various schools. Immediately the diagnosis is made by a medical inspector, the case is assigned to a school nurse to visit the home, whose duty it is to obtain and record, on a printed form, a complete record of the family history, previous history of the pupil from birth, present history of pupil and social history of family, also obtaining written consent for the examination of the pupil by the Supervisor of Medical Inspection. The pupil then visits the Supervisor at his office, accompanied usually by one or more relatives. The Supervisor at this time conducts a complete examination, covering the general condition of the pupil, recording weight, per cent. of hæmoglobin, height, the condition of the eyes, nose, throat, heart, lungs, etc. Should the diagnosis of pulmonary tuberculosis be confirmed by the Supervisor, the Von Pirquet Tuberculin Test is at once conducted and its results afterward recorded at subsequent visits. Recommendation is then made by the Supervisor to the Superintendent for the transfer of such pupil to the Tubercular Class.

By this method it is evident that few mistakes in diagnosis will be made. In our city the tubercular class or school only accommodates forty-five pupils, with the results that there has been a waiting list of thirty or more pupils who have been examined and found tubercular. Because of this limited accommodation only the positively tubercular pupils and very needy cases have been enrolled, making it doubly sure that all pupils are pronounced tubercular subjects.

Curriculum, Daily Plan of Operation of School—The school system is from 8:45 to 3 P. M. On arrival at school each morning each pupil is given a breakfast consisting of the articles set forth on the menu. On finishing the breakfast the mouth temperature of all pupils is taken and recorded. On completing this all pupils file into the basement to wash their teeth, face, and hands. Then each pupil whose temperature has not been abnormal, puts on its outer garments,

the character of which depends on the season of the year. Class instruction then begins in the open pavilion and continues up to the noon hour. In all about three hours of careful instruction is given.

No pupil having a temperature of 99.5 or over is permitted to attend school session, but is compelled to recline in his or her chair in the open on the piazza, wrapped in the blanket and sitting-out bag should the weather require it. On first establishing the school there were quite a number of such cases daily, but now it is only the new pupil, enrolled from time to time, that has to be so treated.

At noon the class instruction ceases and a short recess follows, then dinner, consisting, as will be seen by consulting the menu, of a hot, well-cooked, substantial meal of fair variety. After dinner teeth are again washed and pupils attend to their toilet, then enter the rest room. No conversation is permitted and as a rule nearly all the pupils sleep during this hour. This is not the case with the new pupils on first entering the class, but after the first week they seem to fall right into the spirit of the place and sleep, eat, work and play as they find the others are doing.

After the rest hour there remains about one hour more of the school session which is employed in manual training or other occupational study.

This school is an all year school, having only two breaks in the session—one week at Christmas and another week before the fall term in September. This is not done for pedagogical reason but for health's sake. It is found that invariably after the pupils return from their mid-winter and fall vacations that they have lost in weight, which is due undoubtedly to the pupils running wild, not getting sufficient rest and food.

For this reason, therefore, with tubercular pupils it is considered wiser and cheaper to retain them in school the year round, where they can be properly supervised and not lose the advantage already gained.

DIET.

It will be seen by consulting the daily menu that the Supervisor, through the Board of Education, offers the pupils a varied, wholesome diet, keeping in mind the need chiefly of good rich milk, eggs, and a rich carbohydrate diet with sufficient proteid diet.

The Newark Board of Education is one of the few boards offering to its pupils such generous school meals, paid for entirely out of the school funds. The results justify the expenditure.

MENU.

Breakfast—Rice and milk; cornmeal mush and milk; oatmeal and milk; cream of wheat and milk; hominy and milk.

Dinner—Mutton broth with barley; split pea soup; vegetable soup; boiled mutton; hamburg steak; creamed codfish; lamb stew; baked beans; baked potatoes; mashed potatoes; stewed lima beans; spaghetti with tomatoes and cheese; bread and butter; fruit tapioca; apple sauce; prunes; bread pudding with raisins; rice pudding; caramel custard; stewed peaches; peanuts and dates; bananas; chocolate ice cream.

Supper—Cocoa; raw egg; bread and butter.

HEALTH SUPERVISION.

This school receives the daily visit of a medical inspector whose duty it is to inspect each pupil for the presence of contagious or infectious disease; to consult with the teachers and nurse regarding any pupil in particular; to conduct a complete physical examination of each new pupil on arrival, recording his findings and making his recommendations in writing to the parents; to refer such pupils requiring treatment to the school nurse with the request to make a home visit and co-operate in the cure of each defect or disease; to weigh each pupil weekly, recording the weight on forms supplied, investigating and recommending for treatment and special care all pupils not gaining, or losing in weight, or running an abnormal temperature; to recommend to the Supervisor regarding the cure and arrest of the disease and the transfer of the pupils cured back to the regular school.

No pupil has been transferred back to its regular school or permitted to go off roll definitely without the weight, height, and hæmoglobin index being recorded and definite recommendation, stating that the medical inspector finds the pupil well and the disease arrested, and not then unless his findings are corroborated by the Supervisor after a careful physical examination.

The school nurse follows up the recommendation of the medical inspector in respect to each pupil, visiting all the homes, consulting with the parent or guardian with regard to the physical condition of the pupil and his needs; making observation of the home conditions with respect to the housing, especially the sleeping apartments; inquiring into the nourishment of the pupil at home; his hours of rest; and instilling in the parent an interest in what is being done for the pupil and a co-operation that, with very few exceptions, has been appreci-

ated, with the results that teeth have been repaired; tonsils and adenoids have been removed; glasses obtained and a variety of other surgical and medical treatments instituted with the resulting benefit to the pupils.

SANITARY AND HEALTH INSTRUCTION.

Each new pupil and periodically all pupils are taught through practical talks given by the physician and nurse with the aid of a portable exhibit, the origin, means of infections, prevention and cure of tuberculosis. They are also taught the use of the sputum cup, the necessity of guarding against infection of others by the destruction of sputum, the use of the handkerchief while coughing, the necessity of having their own tooth brush, towel, face cloth and dishes—in fact, all that is known and practical for them to learn and put into daily use.

ENROLLMENT.

The total enrollment of the tubercular class since its origin to July 1st, 1913, is 80.

The total enrollment for the year 1913 was 62. The average enrollment for the year beginning July 1st, 1912, and ending July 1st, 1913, was 43½. The average attendance for that same period was 37½.

The average enrollment for the year beginning September, 1911, and ending June 30th, 1912, was 35. Average attendance for the same period was 30.

Considering the fact that this school is located at the extreme southern boundary of our city, that it is only reached by one car line which makes travel difficult many times in stormy weather, also that the school draws its patrons from all sections of the city, many of whom have to travel two or three miles to school, also the fact that all of these pupils are sick and subnormal in health, it will be granted that this showing in average attendance is very good.

Analysis and study of information and facts obtained through investigation of family histories, previous histories and observations of pupils in the school has uncovered some very interesting data.

Of the eighty pupils so far enrolled the average term enrollment has been eleven months plus. The average age of the boy, on entrance, was ten and one-half years; the average age of the girls on entrance was twelve years; the average total age of both girls and boys was ten and three-fifths years. The average per cent. of hæmoglobin on entrance was 78.9%. The average height on entrance was 54.5 inches; the average weight on entrance was 62.4 pounds. The

average number of pounds below normal in weight as compared with the height, on entrance, using the Bowditch Scale of weights, was 9 pounds.

Forty-one and one-eighth per cent. of the total enrollment on investigation gave a family history of tuberculosis. Forty-seven and one-half per cent. of the total enrollment have been indirect contact with a case of pulmonary tuberculosis in their homes.

Ninety-one and one-fifth per cent. of the total enrollment showed, on examination, positive physical signs of pulmonary tuberculosis.

Ninety-three and seven-tenths per cent. of the total enrollment gave positive reaction to Von Pirquet Tuberculin Test. On conducting a physical examination of both boys and girls enrolled it was found that there was an average of 2.6 physical defects other than those found in the lungs.*

RESULTS.

During the period beginning September 1911 to July 1st, 1913, the following results have been obtained.

Sixty-one per cent. of those enrolled have had the disease in the lungs arrested.

Sixty per cent. of those enrolled have been cured.

Thirty-nine and one-half per cent. of the total enrollment have improved.

One-half of one per cent. of the total enrollment have not improved. This latter is a very small percentage, as in this number are included four pupils who died, two pupils who were at the school a very short time, (one to attend a school in another city), the other because he was too small to make the trip daily on the cars to and from school, left the school.

The average gain in weight has been eight and one-quarter pounds. The average gain in hæmoglobin was 7.5 per cent.

The per cent. of those having physical defects and receiving treatment for the same was 57.5 per cent. This treatment took place while the pupils were enrolled in the school, and is directly the results of the efforts exerted by the department of medical inspection, through its physician and nurse. Their efforts in behalf of the defective pupils awoke a spirit of interest and co-operation in the parents, with a result that teeth were repaired, tonsils and adenoids were removed, glasses obtained, as well as many other surgical and medical measures. None of this treatment was given in school, but was obtained at free clinics connected with

the hospitals or from private physicians or dentists.

Thirty-three and seven-tenths per cent. of the total enrollment have been transferred back to their regular classes in other public schools. Of this number none so far has had to return for further treatment.

Occasionally a parent offers slight objection to the enrollment of a pupil in the tubercular school for fear he or she may be retarded scholastically. No doubt there are some educators who feel doubtful about the mental progress made in such an open air school. Our records, kept with care during the period this school has been in operation, show that 81.2 per cent. of the total enrollment received and were entitled to promotion, while 18.8 per cent. failed of promotion. This is a very small per cent. when it is known that it includes those that died, those that left school after a very short period of attendance and one pupil that is undoubtedly feeble-minded.

The mortality of the school since its opening has been one-half of one per cent. The total number of deaths being four, one of which was reported by the City Health records as being directly due to diphtheria, the other three to pulmonary tuberculosis.

COST OF MAINTENANCE.

The annual cost per pupil for salaries, supplies, repairs, etc., based on the average enrollment and for ordinary expenses for the year 1912 was \$120.92. Of this amount \$66.04 was for salaries; \$44.26 for text books and educational supplies; \$0.13 for miscellaneous items and \$3.35 for repairs, and \$7.13 for miscellaneous supplies.

The annual cost per pupil for the year 1913 covering the same items as previous year was \$109.94. Of this amount \$60.93 was for salaries, \$41.15 for text books and educational supplies; \$6.13 for miscellaneous supplies; \$0.31 for miscellaneous items and \$1.42 for repairs.

CONCLUSIONS.

It must be apparent on considering the above mentioned facts that pulmonary tuberculosis in its incipient stage is comparatively common in pupils of elementary school age. That pulmonary tuberculosis will be frequently discovered on conducting a careful, painstaking physical examination.

That on discovering physical signs in the chest, accompanied with failing health, a positive Von Pirquet reaction, the exclusion from a regular class is justified and the transfer to an open air class imperative.

That pulmonary tuberculosis in children, discovered in its incipient stage, is curable

*We give at the end of this paper the information sought on cards issued by the Supervisor.

without exception by placing the patient in a healthful environment, properly clothed and fed.

That medicine plays a very small part in the cure of incipient tuberculosis.

That in pupils of primary and elementary school age, suffering with pulmonary tuberculosis, over 93 per cent. gave positive reaction to the Von Pirquet Skin Test.

That contact with a case of pulmonary tuberculosis in the home readily causes infection of the child,—that children in contact with a case of pulmonary tuberculosis in the home will react positively to a Von Pirquet Skin Test even though there are no physical signs of disease or clinical symptoms.

That provision should be made in open air classes for the care of other forms of tuberculosis, such as glandular, bone and joint tuberculosis.

That no harm would result through infection by placing in the same school all forms of tuberculosis regardless of the particular part of the body affected.

That incipient tuberculosis can be cured in children without neglecting their education, without breaking up the home or the expenditure of large sums of money.

That instead of inheriting a predisposition towards tuberculosis from the parent, which is commonly held responsible for the appearance of the disease in the offspring, the child has received through contact with the disease subject an absolute infection which lies dormant and under adverse conditions of physical health or environment takes on renewed activities developing some time later clinical signs of disease.

OPEN-WINDOW TYPE OPEN AIR CLASSES.

These classes, three in number, differ from that provided for the care of tubercular pupils in that they are located in regular school buildings. In describing these classes I shall make no reference to one as it has been in operation only a few months and so has not produced many results.

These classes are simply the regular class rooms located high up on the third floor of each building above the dust line, having a southeasterly exposure with large window space. One row of seats has been removed allowing greater floor space to exercise. The rules governing the classes are that the windows shall be kept open at all times; that the enrollment shall be kept at thirty; that the heat shall be turned off; that the pupils shall have an hour's rest in their reclining chairs on the roof of each building each day; that no pupil shall be en-

rolled in the classes or discharged from the classes without the recommendation of the medical inspector and the approval of the Supervisor of Medical Inspection.



Rest Period at the Morton Street Open Air Class.

QUALIFICATION FOR ENTRANCE TO CLASSES.

To be assigned to such a class, each pupil must be subnormal in weight or general health. This includes pupils who are anæmic, frail, under-weight or convalescing from disease. Each pupil is required to submit to a complete physical examination by the medical inspector which includes weighing, measurements, and ascertaining the per cent. of hæmoglobin.



Pupils at the Morton Street Open Air Class receiving nourishment.

Diet—The only nourishment supplied to these pupils is milk, so that the wonderful

gains in weight cannot all be attributed to the nourishment received.

Curriculum — The curriculum of these classes does not differ from the regular class with the exception that they are smaller, ungraded, and time is taken for more exercise and rest in the open air.

The personal equipment consists only of blankets, sitting-out-bags, and reclining chairs. All pupils are permitted to wear their hats and coats in the class room when the temperature is low.

Health Supervision—This consists of the daily visits of a medical inspector for the detection of contagious disease and general supervision of the health of the pupils; the monthly weighing of pupils and recording of same; the examination of pupils for the detection of disease and defects; the home visits of the nurse to bring about the correction of defects, diseases, and improvement of health of pupils by urging that treatment be obtained, that home sanitation be improved, diet and hours of rest properly regulated.



Montgomery Open Air Class.

Analysis of the facts taken from the records of the two classes for the school years 1912 and 1913 are as follows:

Total enrollment for the two school years	124
Maximum enrollment for each class	30
Average enrollment for the year 1912 (for two classes).....	25.5
Average enrollment for the year 1913 (for two classes).....	28.5
Average age on entrance.....	9.26
Average height on entrance.....	49.5
Average weight on entrance, lbs...	53.33
Average per cent. of hæmoglobin..	71.75%
Total number of physical defects..	410
Average number of physical defects	3.3

Per cent. of total enrollment that were subnormal in weight (as to height)	82%
Per cent. of total enrollment who were normal in weight (as to height)	15%
Per cent. of total enrollment who were above normal weight (as to height).....	3.3%
Average time on roll, months.....	6 2/3
RESULTS.	
Per cent. of those having physical defects who received treatment directly due to efforts of the Department of Medical Inspection	72.75%
Average gain in hæmoglobin.....	11.15%
Average gain in weight, lbs.....	3.47
Per cent. of the total enrollment cured	62.5%
Per cent. of the total enrollment improved	32.3%
Per cent. of the total enrollment not improved	5.2%
Per cent. of the total enrollment who were transferred back to regular class	73.5%
COST OF MAINTENANCE OF EACH CLASS.	

(Based on the average enrollment.)

	Montgomery	Morton
Average Enrollment ..	28	29
Salaries	\$42.10	\$42.13
Text Books, etc.....	6.41	12.31
Miscellaneous .....	.....	.56
Total per pupil.....	\$48.51	\$55.00

Cards are issued to secure proper information and tabulate results. The data sought is as follows:

Weekly Weight Record.

Date	Weight	Gain or loss
.....		
.....		

SOCIAL CONDITION:

THE HOME

Number of rooms			
Cleanliness: Good	Fair	Bad	
Character: Good	Fair	Bad	
Ventilation: Good	Fair	Bad	
Child's sleeping room: Light	Fair	Dim	
Ventilation: Good	Fair	Bad	
Number in room			
Number in bed			

We give on the next page a simple card issued by the Supervisor for ascertaining and tabulating conditions and results.—Editor.

THE FAMILY				PHYSICAL DEFECTS			
Total number				On Admission		On Discharge	
Adults	Children	Boarders		Nutr.	B. G.		
Parents' alcoholic	Yes	No		Enl. Cerv. gl.	Y. N.		
Illness in—Who?	What?			Chorea	Y. N.		
Attend clinic?				Cardiac dis.	Y. N.		
ECONOMIC CONDITION				Pulm. dis.	Y. N.		
Rent	Income			Skin dis.	Y. N.		
Charity record				Def. Spine	Y. N.		
Who works?				Chest	Y. N.		
				Extrem.	Y. N.		
				Def vision	R. E. V.		
					L. E. V.		
THE CHILD				Def. hearing	Y. N.		
Food—What?	Fried?			Def. nasal br'th	Y. N.		
Beverage—Tea	Coffee			Teeth	B. G.		
Wine	Beer	Whiskey		Deform. palate	Y. N.		
Sleep—How much?				Imped. speech	Y. N.		
Work—Yes	No	What?		Hyper. tons.	Y. N.		
Play—Out	How much?			P. nasal growth	Y. N.		
Bath—How often?				Mentality	B. G.	Note any improvement in space above since admission.	
				Treat. nec'sary	Y. N.		
Name		School		Feeding			

Address	Floor F. 8		Grade		Date	
Date of Birth	SEX	COLOR	NATIONALITY	NATIVITY OF PARENTS	SCHOLARSHIP	
	MALE FEMALE	WHITE BLACK				
	ON ADMISSION	SUBSEQUENT	EXAMINATIONS		ON DISCHARGE	
	DATE	DATE	DATE	DATE	DATE	DATE
HEIGHT						
WEIGHT						
% BELOW WEIGHT % FOR HEIGHT						
CHEST MEASUREMENTS						
HAEMOGLOBIN	ON ADMISSION		ON DISCHARGE			
VON PIQUET'S RE-ACTION	POSITIVE NEGATIVE					

PRESIDENT'S ADDRESS—MORRIS
COUNTY MEDICAL SOCIETY.

By GUSTAV A. BECKER, M. D.
Morristown, N. J.

Fellow Practitioners:—

Observing that the addresses of my pre-
decessors have, as a rule, been scientific in
character, I feel that I may on this occasion
consistently deviate from what might seem
the established precedent.

During my term of office, a number of
pertinent propositions worthy of mention
have occurred to which I will make brief
reference.

By action of the State Medical Society
in June, 1912, in conformity with the regu-
lations of the American Medical Associa-
tion, this society changed the date of its
year so that instead of having it begin in
June, it commences on January 1st. This
naturally obliges us to elect new officers in
September instead of in March. Because

of this official action my term of office
has been extended six months.

The enactment of a law by the State Leg-
islature of 1912 makes it mandatory for
each county in the State to erect a hospital,
or otherwise arrange for, the care of those
suffering from tuberculosis. This act is
recorded as Chapter 217, Laws of 1912,
page 340.

This society has taken a leading and ac-
tive part in educating the public and im-
pressing upon the Board of Freeholders of
Morris County the importance and wisdom
of having and supporting such a hospital.
It gives me pleasure to say that the build-
ing will soon be ready for occupancy. The
institution has been made ample and shows
liberal ideas of those who are responsible
for its erection. The location, which was
recommended by this society, is an ideal
one from a hygienic standpoint, as nature
there provides a pure, crisp atmosphere,
high elevation and such other surround-
ings as conduce to the betterment of the

sick, without the slightest reason for apprehension to residents of the vicinity. Persons in Morris County who require care, because of tuberculosis, will have every modern convenience that can be expected within the county's financial ability and of that order which will enable them to receive the best therapeutic measures known to date, as well as all the medical attention and nursing they may require.

Such an institution will not only operate for restoring to health the tubercular sick admitted, but when properly administered will be a force in teaching an order of hygienic measures which will tend to lessen the spread of the disease in the surrounding community. There is no doubt that the educational influence of such an institution on the residents of the county will be one of our best prophylactic measures against the spread of tuberculosis, and because of this fact worthy of our fullest support.

Following these brief introductory remarks, I desire to call your attention to several matters which seem to me to be of vital interest to this society as one of the component parts of the State organization.

At the last annual meeting held at Spring Lake in June, the State society decided that the annual dues for each member of any component society should be three dollars per annum, which is an increase of one dollar. This increase is due largely to recent expenditures of the State society for medical defence. One dollar, as formerly, will be applied to a subscription to the Journal of the State Medical Society, and this also provides medical defence. This, carefully considered, appeals to the general practitioner from an economic standpoint, since in any good insurance company this would cost at least fifteen dollars or more per annum.

As a society, it becomes our duty to face this question frankly and make a definite decision.

In the treatment of this subject the following propositions present themselves for our serious consideration:

We, as a county organization, become a component part of the State Medical Society and through that channel comes our eligibility to membership in the American Medical Association. In harmony with the by-laws and regulations of these higher organizations we can limit our fees so as to pay the assessment of the State society and what is essential for our county society expenses—such as postage, print-

ing, rent of places of meeting, etc.—leaving banquets, dinners or luncheons to be paid for by each member participating, with no charge imposed upon absent members. This would not be an innovation, as it is an established regulation in Essex County and other counties in this State and throughout the county societies in the State of New York. This has been found satisfactory in those medical organizations where it has been adopted.

If there be any reasonable objection to this, the alternate measure is to increase the dues, which may not be agreeable to all our members. Most of the regular physicians of Morris County are members of this society, and I would not suggest the adoption of any method that would tend to decrease our membership.

The question narrows down to the following points for consideration, which we should decide upon promptly:

(I) Shall we so increase the dues to meet the financial demands of the local and State societies that there can be no possible embarrassment to anyone?

(II) To avoid an increase in dues, is it advisable to have fewer meetings?

(III) If neither of these propositions appeals to the members as being practical, would it not be wise to dispense with the customary banquets as being an expense on the Society?

(IV) Is not the most practical and logical solution of this problem to be found in the establishment of definite dues to meet the Society's financial demands, leaving payment for meals and other incidental obligations to be paid by the individual member incurring such expense.

(V) Should it not be obligatory for every member to give notice to the Society in due time whether he will or will not be present at the meeting?

This appears to simplify the entire proposition and renders it impossible for anyone to make the contention that one member incurs expenses that are not met by another. Will all or any of these decrease our membership or attendance? And if so, which will do so the least?

We, as members of this Society, by attending the meetings, get or should get some scientific and social benefit. We may, however, reasonably ask ourselves, why some physicians in good standing do not join the County Society, which entitles them to membership in the State Society and makes them eligible to membership in the American Medical Association, the

dues to which include a subscription to the Journal of the American Medical Association, which any physician will find edifying and profitable to read.

Excuses or reasons like these are given: "Can't afford the time;" "See no benefit in membership;" "Everything is run by a ring with no chance for an outsider;" "There is nothing I can learn there which will benefit me—I can get it all from reading text-books." The matter of dues is rarely mentioned as a reason.

Without doubt there are some men who rank high in the profession and yet are not identified with the component organizations which make up the State Society. It is generally conceded that physicians cannot fail to be benefited by meeting others of their profession socially; in hearing papers, listening to or joining in scientific discussions. The ethics of our profession restrict the discussion of medical subjects with laymen, though the code is constantly violated through the columns of the popular press. Physicians need to meet each other for the purpose of discussing seriously important phases of the healing art and the advancement of science of medicine and surgery, the experience of others and obtaining advice, and there is probably no better place to do this than in the County Medical Society.

Another matter that has been the subject of much discussion between members who have the best interests of the Society at heart, and which appears worthy of mature deliberation, is whether it would not be better to hold all or part of our meetings at night, instead of during the morning or afternoon. Many physicians, when asked why they do not attend the meetings of this Society, say that it has not been possible for them to do so since they are held in the morning or afternoon for the reason that it greatly interferes with their office hours, engagements to operate and consultations, but that they could easily attend if the meetings were held in the evening. Those members who own automobiles are not dependent on trains or trolleys as a means of transportation; others, however, have to rely on such service and may be inconvenienced if the meetings should be held at night. It would be in order that a consensus of opinion be obtained on this subject.

I would suggest that social meetings, at which the wives and families of members are present, might be productive of good results. Meetings of this kind could be

scientifically profitable as well as socially enjoyable.

Dr. William H. Iszard, Chairman of the Judicial Council of the State Medical Society, speaking of a meeting in Camden County, said:

"This is the social session held in the evening, and it is attended by the wives, daughters and friends of members. There is always an interesting entertainment provided both for mind and body and stronger regard and more sympathetic feeling is created among the families of the physicians of the County by reason of these social gatherings."

As a suggestion, the June and September meetings, a season when the roads and weather are likely to be favorable, could be held at night and at least one of these be in part a social session—probably at the September meeting, when the election of officers and the presidential address would be all the business that would come before the Society.

During my term of office as president, good papers have been presented before the Society. But a larger attendance would have been gratifying and more positive evidence of uniform interest in the Society's welfare and in general medical progress.

If more members of this Society would present papers, it would add much to the interest of the meetings, even if they were only a brief presentation of cases which have been found difficult to diagnose or successfully treat. Discussion of such cases could not fail to be highly interesting and scientifically profitable. There must be among the patients treated by physicians in Morris County many cases of extreme interest to the entire profession, and clinical reports of them would without doubt be of value to the medical world at large. I hope the time will soon come when by active local efforts and co-operation it will not be found so often necessary to ask outside essayists to address us.

This paper has been purposely made brief for several reasons: We have been provided with an opportunity to visit the State Hospital, of which New Jersey and Morris County have every reason to be proud. The Medical Director and his staff wish us to learn, as far as possible by such a visit, what is being done to restore the insane to mental health and also of their efforts to teach mental hygiene to the public; for they know that, as practicing physicians, we are in a position to aid materially in lessening the number of the potential insane.

A program has been prepared which, to avoid confusion, should be as strictly adhered to as is possible, and I have no wish to weary you.

While it is not a custom to discuss a presidential address, I feel that a free expression of individual views upon this paper seems advisable if the suggestions made in it are to take any practical form in promoting the Society's welfare and our mutual scientific and social betterment.

For your every courtesy and consideration extended to me during my term as presiding officer, I most heartily thank you.

Clinical Reports.

A CASE OF DIABETES INSIPIDUS.

BY ARTHUR STERN, M. D.,
Elizabeth, N. J.

Lydia B., aged four years, was admitted to my service in the Children's Department of St. Elizabeth Hospital, September 29, of this year. She is the only child and has been well up to three months ago, when her parents noticed an extraordinary thirst and at the same time a marked loss of flesh.

When she was admitted to the hospital she weighed 33 pounds, which weight did not change materially during the week of observation at the hospital. Her pulse at this time varied from 86 to 102, respirations from 20 to 26 and temperature was between 98 and 100.2.

An exact record was kept of the amount of urine passed and the amount of liquids taken.

Sept. 29—Admitted late in the afternoon.

	Urine 48 ounces	Liquids taken 25 ounces
Sept. 30.....	109 "	81 "
Oct. 1	93 "	121 "
Oct. 2	163 "	143 "
Oct. 3	139 "	115½ "
Oct. 4	189 "	325 "
Oct. 5	137 "	120 "

Her skin appeared to be dry and the extremities were slightly cooler than in the normal child.

The urine had the color of water and the specific gravity was recorded as 100.2. There was no albumen or sugar.

The blood examination, which was made by Dr. J. H. P. Conover, who also made

the polariscopic examination of the urine, showed:

Hb., 80%; R. B. C., 4,000,000; W. B. C., 8,000; P. 60%; L. M., 25%; S. M., 12%; E., 3%; and no change in red cells. The etiology and pathology of this condition, which is known as diabetes insipidus, are unknown. We see diabetes insipidus occasionally in traumatism of the central nervous system and in hysteria, but relatively more frequently in childhood.

My attention was directed to a recent publication of the finding of inosite or muscular sugar in the urine of these cases, and I therefore had an exact chemical examination made by Mr. Henry Schmidt Pharm. D., of Elizabeth, who used the following tests for inosite:

No. 1. A few drops of a solution of mercuric nitrate were added, when a yellow precipitate follows; on gentle heating color turns red, which disappears on cooling.

No. 2. Neutral lead acetate is added to the urine until precipitation ceases. Then the urine is filtered while warm and the filtrate is treated with a solution of subacetate of lead. The precipitate is collected after 12 hours, washed and suspended in water and then decomposed by sulphurated hydrogen. Upon standing a little uric acid separates. Filtered again, concentrated by boiling and 3 to 4 volumes of alcohol added. A precipitate will result, from which hot alcoholic solution is poured off. Then the clear solution is set aside to cool.

In 24 hours crystals of inosite will appear. If no crystals have separated add ether and then crystals will appear, which happened in our case.

Both tests were positive and the polariscopic examination which was neutral tallied with these tests.

We probably therefore have to deal in diabetes insipidus with a true diabetes in which the sugar is represented by inosite and it may be supposed that the irritation caused by inosite in the kidney produces the enormous loss of fluid which in our case amounted to one and a half of the body weight passed in urine in the one week of observation.

As treatment in these cases, a diet of milk and fruit has been recommended and in addition such vegetables are given which in themselves contain a large amount of water.

224 East Jersey street.

BULLET WOUND OF CHEST WITH PERFORATION OF PERICARDIAL SAC.

EDWARD A. Y. SCHELLENGER, M. D.,
Camden, N. J.

Young man was brought to the hospital about 11 A. M., with a penetrating bullet wound at the junction of the sternum and the sixth rib on the right side; was profoundly shocked, temp. 95° F., pulseless, skin cold and clammy and a sighing respiration; his condition was so extreme that I deemed it not wise to attempt to do anything except treat the shock; by noon his condition warranted his removal to the operating room. I first examined the back, where, much to our surprise, we felt the bullet; I removed that; I then made an incision about two inches long, making the centre of it over the wound of entrance, that is at the sternum and the sixth rib on the right side; saw that there was a perforation of the pericardial sac; I then extended my incision up to the third rib, then removed the ensiform cartilage; then made a window by severing the fourth, fifth and sixth ribs at their sternal attachments, reflecting them back to the right, which gave me ample room; made the opening in the sac larger, found the pericardial sac filled with blood; removed the clots by means of gauze and found that the heart had not been perforated, but the bullet had just made a small muscular laceration, which was stitched, and I found that there was also a posterior perforation of the sac as well; these, after seeing that the sac was entirely free from blood, were stitched with catgut; found the left pleural cavity filled with blood and the lung collapsed; removed all clots and stopped all bleeding points; at this stage of the operation the improved condition of the pulse was noticeable, no doubt due to the relief from the pressure from the hemorrhage. The anterior wound was closed and drainage was put from the posterior wound where I removed the bullet; patient then received hypodermic of morphia with atropine and put in bed with external heat applied and continuous irrigation of salt solution with adrenalin. His condition improved wonderfully up to 7 P. M., the temperature was normal, pulse about 100, of good volume; after that his condition was not so good and at 7:30 he had a severe hemorrhage from the lung and died before 8 P. M.

Reports of County and Local Medical Societies.

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

After a three months' adjournment the Atlantic County Medical Society motored to the Country Club at Northfield on Thursday, October 9th and thoroughly enjoyed its annual outing preliminary to the regular October meeting.

About thirty members attended and while some were engaged in pursuing the popular game of golf eighteen others were enjoying a hotly contested game of base ball.

After a strenuous afternoon spent in this manner the members proceeded to the club house where a splendid banquet awaited. Music, a room richly decorated with red and yellow dahlias, together with the "good things to eat" and a moonlight ride across the boulevard furnished a half holiday which was voted a success by all.

The regular October meeting was held at the Hotel Chalfonte, Atlantic City, Monday evening, the 10th, at 8:30 o'clock. The following members were present: Drs. Bartlett, Bullock, Charlton, Conaway, Carrington, Canning, Darnell, Davis, Gujon, Garrabrant, Martin, Marshall, Marvel, Miller, Reynolds, Snowball, Stewart, Scott, Stern and Schmidt.

Dr. Williams and Dr. Clements, who presented letters from their respective County Medical Societies, were elected members of our society.

After the usual routine of business, the following scientific programme was presented: Paper, "Infantile Scurvy; The Importance of its Early Recognition," Dr. D. J. M. Miller, Atlantic City; paper, "The Desiccation Treatment of Pre-Cancerous Lesions and Localized Cancer," a lantern demonstration, Dr. William L. Clark, Philadelphia.

The Pennsylvania State Medical Society was entertained a few days in September by the Hotel Mens' Association of Atlantic City and an informal reception was tendered them by the County Medical Society.

BERGEN COUNTY.

Frederick S. Hallett, M. D., Reporter.

The regular monthly and annual meeting of the Bergen County Medical Society was held in Hackensack, October 14, 8:15 P. M. The president, Dr. Bradner, occupied the chair and about thirty-five members were present. The following officers were elected for the ensuing year: President, Dr. Edwin Holmes, Englewood; vice-president, Dr. John E. Pratt, Dumont; secretary, Dr. Fred S. Hallett, Hackensack; treasurer, Dr. Edgar K. Conrad, Hackensack; reporter, Dr. Fred S. Hallett, Hackensack. Annual delegates to the State Society, Dr. Max Wyler, Fort Lee; Dr. M. J. Sullivan, Englewood. New members elected, Dr. John J. Mauger, Hackensack; Dr. Louis Ruch, Englewood.

The society passed a unanimous vote of censure against the State Board of Health for its action in condemning the Oakland site for a tuberculosis hospital.

CUMBERLAND COUNTY.

From the Bridgeton Evening News.

The annual meeting of the Cumberland County Medical Society was held at the County Hospital for the Insane, October 7th, at the invitation of the County Freeholders and the medical director, Dr. T. J. Smith. Delegates from Salem and Gloucester Counties and the president of the State Medical Society, Dr. Enoch Hollingshead, of Pemberton, with others of the laity were present.

The following officers were elected: President, Dr. W. Leslie Cornwell, Bridgeton; vice-president, Dr. George S. Spence, Leesburg; treasurer, Dr. Cornwell; (He had filled the office since the demise of Dr. Joseph Tomlinson, who had faithfully served for twenty years); secretary, Dr. H. Garrett Miller, Millville; reporter, Dr. E. S. Corson, Bridgeton.

Resolutions respecting Dr. Tomlinson's worth as a member were passed. Addresses were made on behalf of the State Medical Society, by President Hollingshead, in which he emphasized the places held by the doctors of Cumberland County in the history of the State Medical Society. They traveled over rough roads to attend the meetings of the society in the northern parts of the State and when the county societies were formed Cumberland was among the first to form a society. He especially emphasized the names of Elmer and Fithian as among those whom he honored and revered for their noble work.

Dr. Waddington, of Salem, spoke of the great benefit he had derived from attending the meetings of the Cumberland Society.

Dr. T. J. Smith read a paper on "Some of the Common Forms of Mental Diseases, Their Classification and Differential Diagnoses." This was a practical paper, giving a history of the Cumberland County Hospital, a classification of the various phases of insanity and a review of their treatment. The paper may rightly be styled a classic. A few facts extracted from the paper might be of general interest.

The hospital opened April 3, 1900—108 patients from Trenton Hospital, 18 from county almshouse and 25 of these recovered; 546 patients legally committed during the thirteen years, 110 private patients who paid their board—six counties and six States therein represented; 436 county indigent patients have been committed. As to their ages, 19 under 20 and 35 over 80 years. The youngest 14 oldest 94. They have been notably free from the epidemics affecting the community in general, such as colds and la grippe. Of the 546 admitted 180 were discharged as recovered, 33 per cent. of the entire number. There has been a decided financial saving to the county from maintaining its own institution.

A discussion followed, the participants being Drs. Hollingshead, Corson, Wilson and Snyder.

The next meeting of the society will be held in Millville in January.

After adjournment the company inspected the institution under the guidance of Superintendent David Elwell and Freeholders Turner and Reeves and Dr. Smith. Various phases of insanity were pointed out. The building was a model of neatness and the appearance of the patients indicated they were contented and many improving in their condition.

The company was then invited to the spacious

dining room on the men's side and sat down to what Mrs. Elwell styled a "light lunch," but which proved to be a table d'hôte served in the best of style.

After the repast Dr. Smith, as toastmaster, called on Mr. Reeves, who reviewed the various features of the institution in relation to the medical profession and the public. Mr. Elwell spoke of his pleasure in having the medical men present, many of whom had never been inside the hospital. George B. Reed, of Camden, commissioner of charities for South Jersey, spoke most forcibly on the widespread increase of insanity, stating there are more insane persons under treatment than students in colleges and universities. It cost more annually to keep them than it did to build the Panama Canal. It belongs to the medical men to solve the problem.

Dr. S. T. Day referred to the editorial in the North American: "What's the Matter with Kansas?" which shows that many counties in that State had not had a jury to sit for years, there are no insane and only 2 per cent. of illiterates as compared with 20 per cent. 20 years ago. All this is due to the prohibition of the sale of alcoholic liquors and therein lies the greater part of the solution of this problem.

Dr. Wade referred to the responsibilities of the president of the society and hoped his successor would be able to improve upon his record. Dr. C. W. Wilson spoke for Vineland and referred to the work of the homes for the feeble minded. A hearty vote of thanks was accorded the Board of Freeholders and Mr. and Mrs. Elwell for their cordial entertainment.

Thus ended one of the most interesting and instructive meetings of the society. The recent meetings held in the State and county institutions have opened up a rich field for the general practitioner and afford a great inspiration to every member of the society to do better work for the public welfare.

MIDDLESEX COUNTY.

Frederick L. Brown, M. D., Reporter.

The regular quarterly meeting of the Middlesex County Medical Society was held at the Packer House, Perth Amboy, on October 15, 1913. Dr. Howard C. Voorhees, president, in the chair. Those present were: Drs. Henry, English, Donohue, Voorhees, Seigel, Carroll, Brown, Ramsey, Gross, Meacham, Tyrrell, Meinzer, Gruessner, Fithian, Lippincott, Sullivan, Hoffman, Spencer, Mac Dowell Sullivan, Albright, Rivo, Lund, Wilson.

The following officers were elected for the ensuing year: President, Dr. F. C. Henry, of Perth Amboy; vice-president, Dr. M. S. Meinzer, of Perth Amboy; treasurer, Dr. D. C. English, of New Brunswick; secretary, Dr. F. L. Brown, of New Brunswick; reporter, Dr. B. Gutmann, New Brunswick.

Dr. Lippincott, of Metuchen, presented a resolution stating that whereas there is a law authorizing the Board of Freeholders of each county to build and maintain a hospital for the care and treatment of cases of chronic tuberculosis, that the Middlesex County Medical Society urges the Board of Freeholders of this county to take immediate steps toward the construction of such a hospital.

Dr. Ramsay spoke in favor of the action.

Two very able and interesting papers were

read by Dr. W. F. Burrows, of New York, and Dr. H. A. Cotton, of the State Hospital, Trenton.

Dr. Burrows spoke upon Intestinal Stasis. After speaking of various procedures for the prophylactic and active treatment of this condition in post-operative cases, Dr. Burrows spoke of his recent work upon animals and human beings. He spoke of the use of liquid petrolatum in abdominal surgery. Dr. Burrows gave a very interesting account of his work in this connection and the success that has attended its use in the prevention of post-operative complications.

Dr. Cotton's paper dealt with the treatment of general paresis and locomotor ataxia. Dr. Cotton stated that both the spinal fluid and the blood of his patients were subjected to the Wassermann reaction test, and that 80 to 95 per cent. of paresis cases were found to give positive reactions. Dr. Cotton gave interesting data as regards the intraspinal injection of salvarsan. He said that salvarsan administered intravenously does not reach all parts of the nervous system and therefore is of little value in the treatment of disease of the brain or spinal cord. Salvarsan given by the intraspinal method not only reaches the length of the spinal canal, but is also found in the cerebral fluid. Cases treated by the intraspinal method have shown much improvement in biological findings and many have shown marked improvement clinically.

The papers were discussed by Drs. Donohue, Wilson, Spencer, Ramsay and others.

A very sumptuous dinner was served, after which the meeting was adjourned.

MORRIS COUNTY.

E. Moore Fisher, M. D., Reporter.

About forty members attended the annual meeting of the Morris County Medical Society which was held at the New Jersey State Hospital at Morris Plains on September 10th. The Society met there as guests of the Medical Director and his staff. Among the visitors present were Dr. Enoch Hollingshead of Pemberton and Dr. Thomas N. Gray of East Orange, president and recording secretary of the Medical Society of New Jersey; Dr. David C. English of New Brunswick, editor of the Journal of the Medical Society of New Jersey; Dr. Philander A. Harris of Paterson, a member of the Hospital's Board of Consultants and one time vice-president of the American Medical Association, and Dr. William MacAlister of Paterson.

The President, Dr. G. A. Becker, called the meeting to order shortly before eleven o'clock. Following the roll call the annual reports of the secretary and treasurer were read and adopted.

Dr. Britton D. Evans, Medical Director of the State Hospital made an address of welcome. He spoke of the necessity of closer relations between general practitioners and the State hospital work and said that since the passage of the recent law dealing with the commitment of the insane frequent requests have been made to him for explanations of its requirements by those physicians who had patients needing institutional care. He then said that any physician who wished to visit the institution for the purpose of scientific study would be welcomed

at any time and every facility at his command would be freely allowed, either to enable them to study borderline cases of insanity, any particular group of psychoses, or laboratory specimens showing recent research in neuropathology. He also referred to the amount of work being done in Eugenics and thought that those who, because of lack of time, were unable to pursue this subject as fully as they might like would get a clearer idea of the frequency of hereditary mental taint in families by visiting the hospital and examining charts made up from family histories. Dr. Evans then outlined the inception and growth of the hospital and spoke of the necessity for such an institution and its importance. He referred to the overcrowded condition which has resulted in 2,400 patients being cared for, where accommodations for only 1,700 were provided. Numerous criticisms have been made that private patients are cared for in overcrowded State hospitals. The doctor said that to him and to many of the thinking public it seemed only proper and just to allow a person who had been a good citizen and had supported the State institutions by regularly paying taxes in the locality in which he resided to receive the best care that the State could provide in the hour of affliction. If a person, even though he be a homeless tramp, becomes insane he is sent to a state hospital and treated in such a way that he receives all possible medical attention; his condition is made a subject of careful study and he is provided every necessary comfort available. Is it fair to absolutely deny such consideration to the families of reputable citizens if it is desired by them? The doctor contends that it is complimentary to a State hospital if the highest order of citizens seek admission when mental disease effects them. Before closing his remarks Dr. Evans, on behalf of the Board of Managers, informed those present that the Tri-County Medical Society would meet at the hospital the 14th of October and invited them to attend that meeting. (The Tri-County Medical Society is composed of members of the Morris, Warren and Sussex County societies.)

The doctor extended a cordial invitation to the members of the Morris County Society and their guests to make the tour of inspection through the institution which has been arranged for such time as the society considered most advisable.

The election of officers for the ensuing year resulted as follows: President, Dr. J. B. Griswold, Morristown; vice-president, Dr. F. E. Knowles, Boonton; secretary, Dr. H. W. Kice, Wharton; treasurer, Dr. James Douglas, Morristown; reporter, Dr. E. Moore Fisher, Greystone Park; executive committee, Drs. F. H. Glazebrook, Morristown, and William F. Costello, Dover; delegates to the State Society, Drs. Ellery N. Peck, Boonton; L. K. Henschel, Greystone Park, and T. W. Bebout, Sterling; alternates, Drs. Wm. A. McMurtrie, Mendham; Frederick W. Owen, Morristown; Charles D. Gordon, Madison.

It is worthy of note that our membership has so increased that we were able to elect three delegates to the State Society, as Dr. Gray said, on hearing the treasurer's report, that the society was entitled to an additional annual delegate.

After the election of officers the meeting was

adjourned so that the members might inspect the hospital. They visited the wards, congregate dining room, tubercular pavilion and other places of interest. In the pathological laboratory numerous interesting specimens were shown including spirocheta pallida in brain tissue. Maps and charts showing the result of study in mental hygiene evoked cogent inquiries and were very favorably commented upon.

Luncheon was served as soon as this tour was completed and during the meal music was furnished by the hospital band.

The meeting was called to order after luncheon to hear the president's address, which was not read earlier because of its importance. As the president was suffering from laryngitis, the address was read by the reporter. (This paper was handed to Dr. English for publication in the Journal.) The address spoke briefly of the change of the society's year and of the part this society had taken toward the establishment of a hospital for those suffering from tuberculosis in this county. The action of the State Society in raising the dues for each member of a component society was spoken of in order to learn what the members thought the most advisable solution of this problem. The president thought that it could be narrowed down to a few principal points for consideration, i. e.; to increase the annual dues of the members, have fewer meetings, or have each member pay an assessment necessary for the actual maintenance of the society leaving expenses incurred at the meeting to be settled by them personally at each meeting. Following this the benefits of membership in the county society were pointed out. Those present were requested to give their opinion as to whether meetings at night would be better attended and it was further suggested that an occasional social session might be of benefit to the society. The president also said he would like to see more clinical reports of interesting cases submitted to this society by its own members. In closing he asked for a free discussion of his address, which he considered would be in the interest of the welfare of the society.

In asking Dr. Hollingshead to speak to the society, the president remarked on the fact that it was some time since a president of the State Society had graced the meetings of the Morris County Society with his presence.

Dr. Hollingshead when called upon told how pleased he was to be present and how he had listened with interest to the president's address and felt sure that the matters brought before the society in it were of vital importance. He spoke in terms of praise of the work being done at the hospital and felt that a more ideal place could not have been selected for the meeting.

Dr. Gray, who has been a frequent visitor in the capacity of counselor for the First District, and also since his election as secretary of the State Society, he has, while holding both offices, given advice which has always been to the interest of the society. In discussing the paper he said that he had always advocated that county societies should have a welfare committee consisting of at least three members who should visit non-members in the county and explain to them the benefits of membership. He thought that many times those elected to office did no work in the society further than fulfill the duties of their office.

Dr. Douglas felt that as far as he was concerned Dr. Gray was at fault as he had worked consistently to increase the society membership to sixty and if in his power to prevent it the number would never drop below that mark. He said that if the meetings were held at night it would be almost impossible for him to attend and he did not wish to miss any of the meetings of the society.

Dr. English said that the State had every reason to be proud of the institution where they were assembled. The management, he stated, always endeavored to do everything in their power to provide the most modern means of treatment for the insane under their care. He stated that in his attendance of the medical meetings he had always noticed that the ablest and busiest members of the medical profession were the ones who found time to be present. He asked that he might have a copy of the address of the president to publish in the Journal, as it was just the kind of an address for members of the State society to read. He further said that the annual dues of the State Medical Society were much less than the dues in numerous other State societies of which he had knowledge. In closing he mentioned the fact that he was a frequent visitor at the meetings of the Morris County Society and never attended one without pleasure and profit to himself.

Dr. Ryerson said that he considered the address one of the most valuable ever read to the society and suggested that a committee be appointed to carefully study the address and report at the next meeting what they consider the society should do regarding the recommendations contained therein for the society's best welfare.

Dr. Harris said that he was an honorary member of the society and reviewed briefly the Morris County Society which had been in abeyance for sixteen years in the seventies and of which only two members were left at the time of its reorganization. He thanked Morris County for allowing him to remain on the roll and said he was always happy to attend the meetings if it was in any way convenient.

Dr. Fisher considered it would be a good plan, if the society's funds would warrant, to send a copy of the address of the president to all physicians in the county who are non-members.

Dr. Evans then spoke of the value of many of the suggestions found in the address and thought action should be taken on these at once. On behalf of the Board of Managers and the medical staff he invited the society to meet at the hospital once a year.

Among others who discussed the paper were Drs. MacAlister, Vaughan, Owen, Carpenter and Lewis, who felt that the suggestions made in the address should be acted upon without delay.

A resolution was carried to appoint a committee to carefully study the president's address and report at the next meeting on any method that in their opinion should be adopted for the benefit of the society. The appointing of the members of this committee was left to the incoming president.

It was decided to hold the next meeting in Morristown the second Tuesday in December and after a vote of thanks to the hospital managers and the medical director the meeting adjourned.

The following resolution was passed at the monthly meeting of the Board of Managers, September 11th, 1913:

"The managers of this hospital desire to make official record that they appreciate the acceptance of an invitation given to the Morris County Medical Society, through Dr. Britton D. Evans, medical director, and to express their belief that such meetings at this institution tend to bring into closer mutual relations the medical profession and this important State institution.

PASSAIC COUNTY.

Joseph H. Oram, M. D., Reporter.

The regular meeting of the Passaic County Medical Society was held October 14th, in the Braun Building, Paterson, fifty members being present. In the absence of Dr. McBride, the president, Dr. John C. McCoy, vice-president occupied the chair. Dr. J. A. Maclay exhibited a case of epithelioma of the penis which was instructive from a diagnosis viewpoint. Dr. G. E. Tuers read a very interesting and instructive paper on "Nitrous-Oxide and Ether Anaesthetic." He also exhibited the Clark and Teter apparatus and spoke of the advantages and disadvantages of each. A pulmotor kindly loaned by the Public Service Corporation was also demonstrated by Dr. Tuers. The question of contract practical was discussed at some length and a committee of five appointed to define what was meant by contract practice and report fact at the next meeting.

SALEM COUNTY.

John F. Smith, M. D., Reporter.

The annual meeting of the Salem County Medical Society was held at the Schaefer House, Salem, on Wednesday, October 1st, 1913.

The day being very stormy only two-thirds of the members were present.

Drs. J. Madison Taylor, Stewart Rodman and Clarence P. Franklin, of Philadelphia were present and gave very interesting talks.

The following officers were elected for the year 1914: President, Richard M. H. Davis; vice-president, William H. Carpenter; secretary-treasurer and reporter, John F. Smith.

The meeting adjourned to meet in Woodstown the first Wednesday in February 1914.

UNION COUNTY.

George Knauer, M. D., Reporter.

The annual meeting of the Union County Medical Society was held at the Elks' Club, Elizabeth, N. J., Wednesday evening, October 8th, at 8 P. M. Dr. C. H. Schlichter in the chair.

Dr. J. P. Reilly presented a young adult male who had been operated upon one year previous for appendicitis. Three days later he was opened for acute obstruction of the bowel and an anastomosis between the large and small bowel made. Three months later he came under the observation of Dr. Reilly complaining of loose bowel movements and loss of weight. It was noticed on examination that he had unilateral distension of the abdomen. One month ago under local anesthesia a laparotomy was performed. Many kinks were

found in the intestines produced by extensive adhesions which were thought to be congenital and which were fastened chiefly to the post-parietal peritoneum. Eighteen inches from the duodeno-jejunal junction the anastomosis was found which had been previously made. After relieving the adhesions this was repaired and the patient made an uneventful recovery. He now has formed movements of the bowels and is gaining in weight.

Comments on this interesting case and on Crile's method of local anaesthesia were made by Drs. Quinn, Corbusier and Wilson.

Dr. E. B. Grier reports a case of a female patient who had been complaining of pain in the lower abdomen. On examination the diagnosis was found to be very difficult and among the conditions thought of were pregnancy; cyst; soft fibroid and an inflammatory mass. Operation was performed and it was found to be an intraligamentous cyst.

Dr. S. T. Quinn reports a case of a female 30 years old. Had one child eight years previous. Employed as a stenographer. Menstruation had been regular since last child was born. She was attacked at her place of business with a sudden sharp pain in the right lower part of the abdomen. Some vomiting, no temperature, pulse 90 and no tenderness. Had a history of dysmenorrhea. She was operated on and there was found an extra-uterine pregnancy, which had ruptured. Rare because there had been no irregularity of the menses.

Dr. H. F. Livengood reports a peculiar malady concerning which he would like to have some enlightenment. For some time the male prisoners in a certain tier of cells have become afflicted after being confined for a short time with an oedema of the feet. In some instances extending to the penis and scrotum and even through the entire body. Some show an albuminuria. Some develop an endocarditis. Some are permanently disabled. As no light could be thrown on the subject a committee was appointed to investigate this condition.

The officers elected for the ensuing year were: President, Dr. I. H. P. Conover, Elizabeth; vice-president, Dr. H. D. Corbusier, Plainfield; secretary, Dr. G. L. Orton, Rahway; treasurer, Dr. A. R. Eaton, Jr., Elizabeth; reporter, Dr. G. Knauer, Elizabeth.

Dr. E. W. Hedges was re-elected to the office of censor.

The four annual delegates elected for the State Society are: Drs. Harrison, Lawrence, Eaton and Sell.

The annual dues to the State Society have been increased to three dollars.

A resolution was adopted that the president appoint a committee to communicate with the midwives in regard to medical advice where artificial feeding of infants under their care is to be instituted.

A communication from Dr. T. N. Gray was received recommending that each county society have a Good and Welfare Committee.

Dr. George Banker, of Elizabeth, was elected a member of this society.

The Medical Milk Commission reports a visit to the Raritan Valley farms and that everything is in first-class condition.

The retiring president, Dr. Schlichter, gave an address on "Raising the Standard of Medical Education." This was well received and

showed deep thought on the part of the speaker.

A motion was made to hold the meetings every two months instead of every three. This was laid over till the next meeting.

TRI-COUNTY MEDICAL SOCIETY.

The Tri-County Medical Society held its annual meeting at the State Hospital, at Morris Plains, on Tuesday. The membership of the society consists of physicians of Morris, Warren and Sussex counties.

Routine business of the society was transacted, including the election of officers for the ensuing year, as follows:

President, Dr. G. Wyckoff Cummins, Belvidere; vice-presidents, Drs. Edward A. Ayres, Branchville and B. D. Evans, medical director of the State Hospital; treasurer, Dr. F. W. Flagge, Rockaway, re-elected; secretary, Dr. C. B. Smith, Washington, re-elected; Executive Committee, Drs. F. J. LaRiew, Washington; Stephen Voorhees, Newton, and John Walters, Wharton; Finance Committee, Drs. H. W. Kice, Wharton; E. Morrison, Newton, and C. M. Williams, Washington.

New members were elected as follows: Drs. George H. Lathrop, Morristown; William J. Summers, Boonton; Ellery M. Peck, Boonton, and Blase Cole, of Newton.

Dr. Evans, medical director of the State Hospital, made an impromptu address of welcome, in which he paid high tribute to the medical profession for the progress it has made from its inception in ignorance, sorcery, quackery and incantation, and stating that the strides in medicine were accomplished largely by the coming together of physicians, recitals of experiences and results in the treatment of various diseases, improvements and modifications of methods and comparing the progress made in medicine with other professions which cling to ancient precedents and rulings of antiquity. Dr. Evans afforded the general practitioners every facility to inspect the various departments of the institution in order that they might gain a closer acquaintance with the methods of care and treatment employed among the class of afflicted housed in the hospital and that they might the better appreciate what the State of New Jersey is doing for this class of unfortunates in probably the largest public charitable institution in the State.

Dr. A. E. Carpenter, of Boonton, the retiring president of the society, read a paper which was a synopsis, and review of two previous papers prepared by him on "Etiology and Importance of Early Diagnosis of Gall Stone Diseases and the Treatment of Syphilis." Dr. G. Wyckoff Cummins, of Belvidere, the newly elected president, read an elaborate paper on "Therapy of the Internal Secretions."

Dr. E. A. Ayers, of Branchville, read a paper on Obstetrics, based on a wide experience as practitioner and as a special lecturer on the subject; he also showed and explained the proper use of certain instruments employed in these cases.

Dr. Thomas N. Gray, of East Orange, read a paper on "The Thyroid Gland and its Secretions," explaining his method of treatment and exhibiting a now sturdy boy of six years, whom he had successfully treated.

Luncheon was served, during which various medical topics were discussed.

MORRISTOWN MEDICAL CLUB.

E. Moore Fisher, M. D., Reporter.

The Morristown Medical Club was entertained at Day's, Morristown, on the evening of October 1st, 1913, by Dr. G. W. Wilkinson. About twenty members were present. Dr. Christopher C. Beling, an honorary member and councilor of the First District, was at the meeting. Among the guests were Dr. Walter B. Johnson, of Paterson, Dr. Emery Marvel, of Atlantic City, Dr. F. H. Thorne, of Greystone Park, and Dr. Dean, of Morristown. Dr. F. W. Flagge, of Rockaway, presided.

Dr. Wm. H. Martland, of the Newark City Hospital and Board of Health spoke on "The Importance of Lumbar Puncture." The use of lantern slides added to the interest in and enjoyment of the address. The doctor said that the usefulness of lumbar punctures was not generally understood and very few were done at present until the patient was almost moribund. The preparation of the patient was first considered. Surgical asepsis should be used and a local anaesthetic if the skin was sensitive. Dorsal flexion with sacral extension was the best position to allow insertion of the needle, which should enter below the fourth lumbar or between the last lumbar and first sacral vertebra. At this place there was less likely to be injury to the nerves, and the needle would enter the canal formed by the termination of the membranes of the cord. The needle should have a short bevel and not a sharp point. The doctor preferred the median to the lateral route, and the lateral to the erect position. It is advisable that five tubes be used when procuring cerebrospinal fluid—one to obtain any blood due to injuries to the vessels, the second to contain the fluid for examination, tubes three and four to receive about two drops each in culture media, and the last tube to allow any excess of fluid to enter for further laboratory work.

Normal fluid should be clear, watery, contain no proteid matter, but reduce equal amounts of Fehling's solution. If the cell count shows 1.5 lymphocytes it was considered normal; 5.10 borderline; 10-20 suspicious; 20-50 moderate; and above 50 cells, marked lymphocytosis.

In non-suppurating meningitis, most usually of tubercular origin, the fluid obtained was clear and watery, but frequently showed a fibrinous clot on standing, in which bacilli were often present. The cells found early in the disease were often polymorphonuclear and later lymphocytes were present in large numbers. In the suppurating conditions due to such causes, as infection by the diplococcus intracellularis, pneumococcus, influenza bacilli, etc., the fluid was a grayish yellow ranging from opalescence to thick turbid pus, and a dry tap was possible if much infection was present. There was an increase of leucocytes, and the specific bacillus could generally be isolated.

Where fractures of the skull or a cerebral tumor was present, the fluid would be blood-stained. If there was anterior poliomyelitis, examination of the fluid during the first few weeks would show a marked increase in globulin and high lymphocytosis.

Reference was made to recent work done by Noguchi, Moore, Swift, and others at the Rockefeller Institute. The doctor alluded to the fact that, as described by Ehrlich, the cerebrospinal canal was not easily reached by substances in the general circulation. Most infection enters from nerve trunks or from contiguous infected areas. Few drugs enter this canal, though it was proven that urotropin and paraldehyde had this power. The use of autogenous serum after injections of salvarsan was spoken of as being a valuable therapeutic measure. Flexner's serum was beneficial because it was directly injected into the canal.

From this the doctor passed to the importance of using lumbar puncture as a check on the general physical condition in syphilis. He thought that it was undoubted in view of recent work that the *Spirocheta Pallida* found a resting place in the spinal canal and brain in many instances, and evidences could be obtained of their presence when few physical symptoms were clinically evident.

If there was any reason to suspect infection, scrapings should be examined under dark ground illumination. The Wassermann was negative in the primary stage; and waiting for secondary or tertiary symptoms to develop was no longer considered correct therapy. Mercury and salvarsan should be administered early. The spinal picture does not clear up with mercury alone, and salvarsan should be administered as long as the cells in the spinal fluid are higher than five, to prevent, if possible, subsequent **tabes or paresis**.

Reference was made to the necessity of frequent Wassermann tests, and charts showing how to interpret the reports from laboratories were shown. The discussion was general and numerous cases treated were mentioned. The use of calomel in lanolin in place of blue ointment had been found useful in some cases.

Dr. Martland in closing referred to the work being done in Newark by the Board of Health in an endeavor to treat luetics early and by up-to-date methods.

Following the meeting supper was served.

Clinical Society, Elizabeth General Hospital.

The 20th annual meeting and dinner of this Society was held September 22, 1913, at Achel-Stetter's restaurant in Newark, forty members and guests being present. The following officers were elected for the ensuing year:

President, Dr. George S. Laird, Westfield; vice-president, Dr. Alvin R. Eaton, Jr., Elizabeth; secretary, Dr. Simon F. Wade, Elizabeth; treasurer, Dr. Frank Steinke, Elizabeth.

At the dinner Dr. Russell A. Shirrefs acted as toastmaster. Among the guests and speakers were President of City Council Collins, who responded to the toast, "The City of Elizabeth." Mayor Mravlag gave an interesting address on the practice of medicine from an idealistic standpoint. Arthur W. Becker, manager for the Goerke-Kirch Company, spoke optimistically of the future of the city. An original poem, dedicated to the society and written for the occasion, was read by Dr. Norton L. Wilson, while other talks were given by Dr. Stephen T. Quinn and Dr. Arthur Stern. An instructive and interesting address was also delivered by Dr. Bayard Clark, an eminent New York physician.

Four of the founders of the society were among those present. They are Dr. Victor Mravlag, Dr. James S. Green, Dr. E. B. Grier and Dr. Norton L. Wilson.

Miscellaneous Items.

American Association for the Study and Prevention of Infant Mortality.

The fourth annual meeting of this association will be held in Washington, D. C., November 14 to 17, at the Hotel Willard. The program will include addresses by distinguished specialists from various parts of the country. The subjects which will be discussed include: Eugenics, Pre-natal Care and Instruction of Mothers; Adequate Obstetrical Care; Problems of Infant Hygiene and Infant Feeding; Standards of Training for Infant Welfare Nursing; Continuation Schools of Home Making; The Relation of Vital Statistics to Plans for Social Betterment; The Relation of the Plans for the Conservation of Infant Life to the General Ideals of Conservation.

The Chairman of the Local Committee on Arrangements is Dr. Samuel S. Adams, 1 Dupont Circle, Washington, D. C. Further information or circulars in regard to work of the Association can be secured from the Executive Secretary, 1211 Cathedral Street, Baltimore, Md.

Lectures on Diseases of the Skin.

The governors of the New York Skin and Cancer Hospital, New York, announce a fifteenth series of clinical lectures by Dr. L. Duncan Bulkley on diseases of the skin, in the Out-Patient Hall of the hospital, Second avenue and Nineteenth street, beginning November 15, 1913 at 4:15. The lectures will be free to physicians on the presentation of their professional cards.

Clinical Lectures on Genito-Urinary Diseases.

Dr. Bierhoff will begin, on November 3rd, a series of clinical lectures on Genito-urinary and Venereal Diseases, including modern methods of diagnosis and treatment. They will be given every Monday evening at 8:30 o'clock at the West Side German Dispensary, 328 West Forty-second street. They will be free to physicians and advanced students in medicine.

The Late Dr. Billings.—At the memorial meeting, held in honor of Dr. Billings, S. Weir Mitchell recalled how the latter, when asked about the number of degrees he had received started to count the LL.D.'s and B. C.'s, and then laughingly said: "Yes; that is my principal title to be considered a man of letters." Richard R. Bowker told of a visit paid by Billings to the private library of Oliver Wendell Holmes, who related how Dr. Billings made tracks for the most valuable books on the shelves. "Why, sir," said Holmes, "Dr. Billings is a bibliophile of such eminence that I regard him as a positive danger to the owner of a library if he is ever let loose in it alone."

THE JOURNAL

OF THE

Medical Society of New Jersey

 NOVEMBER, 1913.

All papers, news items, reports for publication and any matters of medical or scientific interest should be addressed to

DAVID C. ENGLISH, M. D., Editor,
New Brunswick, N. J.

Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements; or any matter pertaining to the business management of the JOURNAL should be addressed to

WILLIAM J. CHANDLER, M. D., South Orange, N. J.

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IMPORTANT NOTICE TO MEMBERS

We have received the following notice from Secretary Gray, of the State Society, which every member should carefully read and remember:

The Official Roster of the Medical Society of New Jersey will be published in the February, 1914, issue of the Journal, and will be the only Roster published for the year 1914.

This Roster will close on the 15th of January, 1914, and members who have not paid their dues before that date, for the year beginning January 1st, will lose membership in the county and state societies and the benefits accruing from membership; the Journal, medical defense and membership in the A. M. A.

Payment of dues after January 15th 1914, will restore to membership, but will not place the names of those so paying, on the published Roster.

Thomas N. Gray, Secretary.

The above notice is given in accordance with the action of the Board of Trustees at the meeting of the Board held October 23d. The secretary was further directed to furnish the editor, in time for insertion in the February Journal, a copy of the Official List of the Fellows, Officers—including Trustees and Councilors, the Committees of the State Society, the Permanent Dele-

gates and the Officers and Members of every County Society; also an Alphabetical List of all the members in good and regular standing in the Societies.

The editor was authorized to have the said Official List so inserted in the February Journal that additional copies of the list can be printed separately without unnecessary resetting of type. This will give short time to both secretary and editor, so that it will be *absolutely necessary* that secretaries and treasurers of County Societies shall report the names and addresses of their members who are in good and regular standing to Secretary Gray and Treasurer Mercer, respectively, of the State Society, *not later than January 15th.*

CLINICAL CONGRESS OF SURGEONS OF NORTH AMERICA.

We have received the full announcements concerning the Fourth Clinical Congress, which will be held in Chicago, Ill., during the week beginning Monday, November 10th, 1913. It will doubtless prove one of the most notable gatherings of surgeons ever held on the American continent, exceeding that at New York in 1912, when 2,700 surgeons registered. Dr. Edward Martin, of Philadelphia, is president; Dr. George E. Brewer, of New York, president-elect, and Dr. Franklin H. Martin, of Chicago, general secretary.

We give on another page a full account of the evening sessions of the Congress, when scientific papers will be read and discussed by eminent American and European surgeons.

The clinical program is so extensive that we do not attempt to give it, suffice it to say that the series of operative clinics will be held in more than one hundred hospitals and dispensaries. The only drawback is that the amphitheatres of these institutions are not sufficiently large to accommodate the large number of surgeons who will wish to see the important surgical operations.

DOCTORS AS LEGISLATORS

We regret that so few doctors have been nominated this year as candidates for the Legislature. We know it requires much personal sacrifice for a doctor to accept such positions and it has meant far more sacrifice of the profession's financial interests in much of the legislation that doctor-legislators has conscientiously favored and worked hard to secure; but it is a matter of immense importance in conserving and

promoting the health interests of our State that there should be a few doctors in each branch of the legislature to guide legislation, so that laws enacted bearing on said interests shall be solely for the protection of the people's lives and health, regardless of their effects on politics or on the members of the profession's income. The truth ought to be recognized and observed by every man, "*certainly by every professional man*, in public office, that—He serves his party best, and he serves his profession best, who most wisely and most honestly seeks to promote the public's highest welfare.

Dr. William E. Ramsay, in the Senate, and Dr. Henry O. Carhart, in the Assembly last winter were faithful in so guarding such legislation. The former has two years yet to serve and we know that, as in the past, it will be at much personal sacrifice; Dr. Carhart has been re-nominated; we have not asked—What are his political beliefs?—we care not—but he *ought* to be re-elected because one doctor at least is needed in the Assembly who has made a good record for favoring wise health legislation.

TRUSTEES' MEETING.

One of the best meetings that our Society's Board of Trustees ever held was that of October 23d, when the following members assembled in the rooms of The Academy of Medicine of Northern New Jersey, in Newark: Drs. J. W. Ward, chairman; D. C. English, secretary; F. D. Gray, T. N. Gray, E. Hollingshead, E. J. Ill. W. B. Johnson, Archibald Mercer, Philip Marvel, J. G. Ryerson, O. H. Sproul, David St. John and N. L. Wilson. It demonstrated the wisdom of Dr. N. L. Wilson's recommendations in his annual presidential address at our State Society meeting—that the Board of Trustees hold a meeting in the fall and another in the spring each year, to increase the efficiency of the Society's work—reports were given by Secretary Gray and Treasurer Mercer of the State Society, and from most of the committees. Special attention was given to the methods and work of Medical Defense and the decision of details in connection with the change of the Society's fiscal year. The reports and discussions demonstrated the great success of our Medical Defense work in the invariably favorable outcome of malpractice suits tried, and of suits withdrawn, and that it is of incalculable value to every member of our Society.

Action on the change of our Society's fiscal year, so as to run from January 1st to December 31st inclusive, is set forth in a communication from Dr. Gray, inserted on page 307 and our comments thereon. The date of the annual meeting of our Society which the Society left to the Trustees' decision—was discussed. Dr. Marvel stated that the A. M. A. had not fixed its date of annual meeting and there had been some discussion as to change of place. It was voted that full power be given to Drs. D. C. English and T. N. Gray, to fix the date in June after conference with the manager of the New Monmouth Hotel, Spring Lake.

Thanksgiving Day.

There are many reasons why the doctor should look forward to the approaching national day of family gatherings with happy heart and grateful thoughts as he recalls the precious memories of the past and realizes that the home is the one most blessed, quiet resting place, amid the ceaseless activities, the burdens and the anxieties of a profession which, more than any other avocation, taxes the head and heart as it involves the greatest responsibility and calls forth the deepest sympathy for sick and suffering humanity.

This is the one day of the year that ought to remind us that "There's no place like home," the day when we should be at our best, in the best of spirits, with every member of the family gathered around the appetizing dinner table and the cheery fire-side, partaking not only of the feast that satisfied the bodily cravings, but the feast of good cheer that brings joy and gladness and gives renewed hope and strength as we go forth to the calls of duty—ministering in other homes.

We endorse the following words from an editorial on "The Family Dinner," in a recent issue of *The American Practitioner*: "Blessed be the memories of home and thrice blessed the companionship and comradeship of the daily gatherings at our father's table. It is these memories of home life that will remain with us to the end. There must be some of us who are compelled to dine alone, some whose family ties have been severed by losses. To such a one the loss will be accentuated by memories of his own and his father's dining room and the gatherings there."

We wish all our readers a very happy Thanksgiving Day, whether gathered around the family table, or dining alone

or in other circles, while we express our sympathy for those whose hearts will be saddened because of the vacant chair that reminds them of severed family ties, and for those who can remember only the home of their childhood days.

It is with deep regret we express our fear that the type of the home as we knew it in the days of our boyhood and early manhood is undergoing a great change; that it is assuming more of the type of a mere lodging and eating place than of the dwelling place—the home where loved ones enjoy the blessings of happy and sacred companionship. Were it not for the Sabbath—which needs to be zealously guarded—and an occasional holiday and Thanksgiving Day, we fear the contemplation of the sacred associations and blessed companionships of home would become to very many almost entirely memories of the past.

We have spoken of what the home ought to be and is to the true-hearted physician and, as he is so closely related to the life and well-being of the homes that trust in and esteem him as though he were one of the family, his influence should ever tend to guard the home from threatened dangers. It would be a sad day for the homes of our land if medical treatment, the teaching and the influence of the old-time family physician should be given up, as some of our over-zealous advocates of specialism suggest, and if instead one or more specialists were employed by the family for the *cure* of diseases as they occur. They seem to ignore the facts that *prevention* is far better than cure; that the careful medical watching in infancy and childhood; the early detection and diagnosis of on-coming illness and the teaching in the home of the principles of hygiene and the necessity of their application, are of vastly more importance not only for the family's protection, but also for the profession's credit and the State and Nation's welfare.

We briefly refer to the changed conditions in home life. The simple, quiet yet happy home and social life have changed. The easy-going business life and habits in by-gone years permitted the men of the home to spend far more time then in the home, but the competition and strenuousness in business today, in the mad rush for riches—and even in the effort to make a reasonable and comfortable living—so engrosses the business man's time and efforts that there is little time left for the home life; he enters his home at night tired and

often worried and the observance of the amenities of life is sometimes forgotten. Present-day questionable customs and costumes, increased cost of everything and health impairing habits of both men and women in social life—shall we add the strivings after political life—have a tendency to curtail or destroy the contentment, rest and peace of the home and often to cause physical or mental disease. Alas! how the daily newspapers show the increasing number of homes where the joys of marital and filial companionships have vanished and estrangements, divorces, suicides and murders follow.

Of course we have referred above to the changes in the average home life. We recognize the fact that there are very many homes where love reigns supreme and hearts beat warm and true to each other; where neither business cares, society's demands or the tempter's seductions are allowed to unduly interfere with the seasons of family association for mutual benefit and enjoyment.

We regret that the large quantity of late matter received, which required immediate insertion, compelled us to defer items that had been prepared earlier for this month's issue of the Journal; among them excellent papers by Dr. Alfred Gordon, of Philadelphia, on "Re-Education of Disturbed Locomotion," and by Dr. T. N. Gray on "Some General and Special Points in Diagnosing in Infants' and Children's Diseases." Excellent reports of the Essex and Hudson County Societies we are also obliged to defer till next month owing to their length and late arrival. These omitted items will appear next month with the annual address of President J. K. Bennett of the Camden County Medical Society, with comments on that and on our visit to the Vineland Institution for the Feeble-Minded.

In reference to the latter we take this early opportunity to thank Dr. Tracy, secretary of the Burlington County Society, for his invitation to join the Society as their guest in visiting that institution, in which their meeting was to be held, and also to thank President Hollingshead and Dr. Marcy whose automobiles contributed greatly to the pleasure of the trip—giving us good company, over good roads, through a fine section of our State on a beautiful October day. We reserve our thanks to Dr. Hallowell, superintendent of the Vineland Institution till next month, but will say now that she is an ideal head of such an institution.

PRIZE ESSAYS.

Prizes were instituted by the Medical Society of New Jersey at the annual meeting in 1905, and are open for competition to the members of the Component (County) Societies.

The subject this year is:

The Reduction of Infant Mortality; How Can It Be Best Accomplished?

The essay must be signed with an assumed name and have a motto, both of which shall be endorsed on a sealed envelope containing the author's name, residence and component society.

The essay shall not contain more than 4,000 words and must be based on practical personal experience in preventive medicine work, as well as on the study of the literature of the subject; it must have special application, in the measures suggested, to the needs and the practical methods of meeting them for the reduction of infant mortality in the *State of New Jersey*; it must be characterized by clearness and conciseness of expression and be, in the judgment of the committee, of decided value to the members of the profession in their efforts to lessen the death rate of infancy and early childhood and to improve health conditions in our State.

The essay, which should be type-written, with the sealed envelope, must be in the hands of the chairman of the committee—Dr. D. C. English, 389 George Street, New Brunswick—on or before May 15th, 1914. The committee will select the first two essays in order of merit. To the first will be awarded the prize of one hundred dollars; to the second, will be given honorable mention or, if of sufficient merit, a lesser award will be recommended to the Society.

The unsuccessful authors will receive back their essays upon their identification to the chairman of the committee. The successful essay will be the property of the Society and will be published in the Journal.

D. C. English, Ch'm, New Brunswick.
B. Van Doren Hedges, Plainfield.
George E. McLaughlin, Jersey City.

The American College of Surgeons.

On the evening of November 13, 1913, will be held the first formal meeting of the conferring of fellowships on the members of the American College of Surgeons. Sir Rickman Godlee, the president of the Royal College of Surgeons of England, will deliver the principal address and extend, officially, greetings to our new organization from the councillors of the Royal College of Surgeons.

"KEEP A GOIN'."

New Adaptation of Frank L. Stanton's Rhyme to the Medical Profession.

By NORTON L. WILSON, M. D., Elizabeth.

If you're hit upon the nose,
Keep a goin';
Don't look back to return the blows,
But keep a goin'.

Taint no use to sit and whine,
If the patients don't get in line,
Read your books and keep a tryin';
Keep a goin'.

When the hysteric feels no better,
And complains she's not your debtor,
Smile upon her, then you'll get her,
But keep a goin'.

If your operation is slow,
And you're sure there'll be no dough,
Don't give up—oh dear no—
Keep a goin'.

When your auto makes a skid,
You may feel like some small kid,
And perchance you've lost your lid,
But keep a goin'.

When you feel you're down and out,
Don't look glum and begin to pout;
Keep a goin'.

Tell the world you're feeling fine,
Getting broke aint any crime,
Keep your head above the brine,
And keep a goin'.

Read at the 20th Annual Dinner of the Clinical Society of the Elizabeth General Hospital.

New Jersey Sanitary Association.

The thirty-eighth annual meeting of the Association will be held in the Laurel-in-the-Pines Hotel, Lakewood, Friday and Saturday, December 5 and 6, 1913, beginning at 3.30 P. M. on the 5th. Dr. B. Van D. Hedges, Plainfield, president; Dr. Edward Guion, Atlantic City, secretary.

The fuller program will be announced in our December 1st Journal. The following will be sufficient to indicate that this will be an unusually good meeting. Prof. C. N. Kendall, State Commissioner of Education, is chairman of the Executive Council, who will open the meeting. The following is an outline of papers and subjects that will be discussed:

Pure Food and Public Health, by Prof. C. E. A. Winslow, of the College of the City of New York.

The Relations of Vaccines and Serums to the

General Public Health, by Prof. Herbert D. Pease, of the Lederle Laboratories, New York.

Adequate and Consistent Means for the Protection of Public Water Supplies, by Prof. H. M. Ogden, Cornell University.

President B. V. D. Hedges Address.

Symposium on Health Matters. General Reorganization of State Board of Health, opened by Drs. Herman M. Biggs and Hon. Homer Folks, of New York City.

The Necessity of Open-Air Schools and Play Grounds—speakers announced later.

The Promotion of Health and Sanitation by Means of Public Schools, by Prof. C. N. Kendall.

Disinfection in Public Places, by Prof. Chapin, of Providence, R. I.

Special invitation is given to the medical men of the State to attend this meeting and the Association will be glad to receive more of them as members. The annual fee is two dollars.

Clinical Congress of Surgeons of North America.

The Fourth Annual Session of this Congress will be held in Chicago, Ill., November 10th to 15th, 1913.

The Surgical Clinics are so very extensive that we have not space to spare to enumerate them. They will be held in more than one hundred hospitals and dispensaries where many of the eminent surgeons of America and Europe will operate.

The evening meetings, at which scientific papers will be read and discussed are as follows: General Surgical Division:

Monday, November 10th—Presidential meeting in Orchestra Hall: Address of retiring president, Dr. Edward Martin, Philadelphia; inauguration of President Brewer; brief addresses by presidents of the National Medical Societies; Dr. George E. Brewer, New York City, on "A New Method of Pyloric Closure in Gastro-Enterostomy"; Dr. Harvey Cushing, Boston, "A Report of a Series of 150 Gasserian Ganglion Operations," with discussion by Dr. J. B. Murphy, Chicago.

Tuesday, November 11th, in Orchestra Hall—Sir W. Arbuthnot Lane, London, title of paper to be announced; Dr. H. J. Patterson, F. R. C. S., London, "The Operation of Gastro-jejunostomy and the Principles Which Should Determine Its Use," with discussion by Dr. Carl Beck, Chicago; Dr. John B. Deaver, Philadelphia, "Gastric Hemorrhage," with discussion by Dr. A. J. Ochsner, Chicago.

Wednesday, November 12th, in the Gold Room, Congress Hotel—Professor Kronig, M. D., Freiburg, Germany, "The Radio-Therapeutic Treatment of Benign and Malignant Tumors," with discussion by Dr. Howard A. Kelly, Baltimore, and Dr. C. J. Gauss, Freiburg; Dr. Roswell Park, Buffalo, "On the Relation of the Ductless Glands to the Work of the Surgeon," with discussion by Dean D. Lewis, Chicago; Dr. John F. Binnie, Kansas City, "Some Uses of Fat in Surgery," with discussion by Dr. Jasper Halpenny, Winnipeg, Manitoba.

Thursday, November 13th.—Cancer meeting in Orchestra Hall: Dr. T. S. Cullen, Baltimore (a) Report of the Cancer Campaign Commit-

tee of the Congress; (b) "The Diagnosis of Cancer of the Uterus;" Mr. Samuel Hopkins Adams, New York, "Publicity through the Lay Press;" Dr. Edward Reynolds, Boston, "Publicity and Education Through the American Society for the Control of Cancer;" Dr. Fred R. Green, Chicago, "Publicity and Education of the American Medical Association"; Mr. Fred L. Hoffman, Newark, "The Educational Value of Cancer Statistics to Insurance Companies, the Public and the Medical Profession"; Dr. James Ewing, New York, "The Relation of the Pathological to the Surgical Diagnosis in Cases of Cancer"; Dr. W. J. Mayo, Rochester, Minn., "Cancer of the Stomach and Colon"; Dr. C. J. Gauss, Freiburg, Germany, "The Radio-Therapeutic Treatment of Carcinoma"; Prof. J. C. Bloodgood, Baltimore, "A Very Recent Investigation of the Outcome of the Cases of Cancer Recorded in the Johns Hopkins Hospital and The Surgical Pathological Laboratory," with lantern demonstration.

Friday, November 14th, in the Gold Room, Congress Hotel—Dr. Hugh Cabot, Boston, "The Diagnosis of Lesions of the Upper Urinary Tract," with discussion by Dr. A. D. Bevan, Chicago; Dr. J. M. T. Finney, Baltimore, "Fourteen Years' Experience With the Operation of Pyloroplasty," with discussion by Dr. E. W. Andrews, Chicago; Dr. Charles A. Mayo, Rochester, Minn., "A Summing Up of the Goiter Question," with discussion by Dr. George W. Crile, Cleveland.

The following evening meetings will also be held by the Division of Surgical Specialties, all in the Hotel Sherman:

Tuesday, November 11th—Dr. Edward Jackson, Denver, "Operations on the Extraocular Muscles," with discussion by Drs. C. H. Beard and G. F. Fiske; Dr. Harold Gifford, Omaha, "Sympathetic Ophthalmia," with discussion by Drs. E. V. L. Brown and J. B. Loring; Dr. Robert H. Elliott, F. R. C. S., Lt.-Col. I. M. S., superintendent Government Ophthalmic Hospital, Madras, India, will also address the meeting.

Wednesday, November 12th—Dr. G. Hudson Makuen, Philadelphia, "Surgery of the Fauces as it Relates to the Functions of the Tongue and Soft Palate in the Production of the Voice," with discussion by Drs. W. E. Casselberry and E. Kenvon; Dr. V. P. Blair, St. Louis, "Peridental Infections—Their Relation to Neighboring Organs," with discussion by Drs. A. D. Black and H. A. Potts.

Friday, November 14th.—Dr. Fred Whiting, New York, "The Indications for the Radical Mastoid Operation with the Steps Essential to Successful Healing," with discussion by Drs. Frank Allport and Joseph Beck; Dr. Philip D. Kerrison, New York, "The Surgical Treatment of Suppurative Labyrinthitis," and discussion by Drs. G. E. Shambaugh and J. Gordon Wilson.

Licensing Optometrists.

Dr. Norton L. Wilson, of Elizabeth, a member of the State Commission for the Blind, at a meeting of the commission held last month, in the discussion of the bill introduced in the Assembly last February, providing for the licensing of Optometrists, spoke in opposition to such legislation. The bill failed of passage,

but Dr. Wilson asked that the commission put itself on record as opposed to any such legislation. This was done by the adoption of a resolution expressing opposition to the licensing of optometrists.

In discussing the previously proposed bill, which he denounced as "pernicious," Dr. Wilson declared the legislation sought is "a scheme on the part of certain opticians to get a better price for their goods. They are tradespeople and want the State to endorse them as a profession."

The burden, if such legislation is obtained, will fall on the poor, he contended, as at present oculists everywhere are giving their services to the poor, and optometrists are not needed.

Work has made me what I am. I never ate a bit of idle bread in my life.—Daniel Webster.

It is two per cent. genius and ninety-eight per cent. honest effort that brings about success in any line of work.—Thomas A. Edison.

"Our greatest glory is not in never falling, but in rising every time we fall."

Editorials from the Lay Press.

The Lesson of the Friedmann Cure.

From the Boston Herald, September 23d.
"The report in the current number of The Journal of the American Medical Association utterly discrediting the Friedmann 'cure,' on the basis of the unanimous results of investigators, may seem to partake of lily-gilding to those who were long ago convinced of the man's charlatanry, and of the utter worthlessness of his serum.

"These results cannot be repeated too often. The success of the Friedmann advertising is, unfortunately, still bearing fruit. Like the fisherman's geni in the rabian Nights, it has grown to such proportion that it can no longer be bottled up. And there are men bearing the medical degree low enough to take advantage of the well-known hopefulness of the consumptive to engage in this wretched business.

"If the great mass of the people, whose credulity makes possible the success of the 'sure cure,' be it for tuberculosis, or cancer 'without the use of the knife,' or for any one of the thousand-and-one ailments that the human flesh is heir to, will but read aright the lesson of the Friedmann fake, it will indeed have proved a 'cure.' It is this:

"No right-thinking physician ever associates with a private remedy. No honorable member of the profession can have any scientific secret from his colleagues.

"No reputable physician ever guarantees—anything. There is no such thing as a sure cure. Every scientific man knows that the human equation cannot be bound by hard-and-fast rules.

"The man with the secret or a guarantee is apt to be a faker. His aim is usually to relieve the pocketbook of the victim.

"Should the misery left in the Friedmann wake, the deluded hopes, the squandered sav-

ings, and even the hastened deaths, result in the awakening of the public intelligence in regard to the whole tribe of self-advertising harpies—if from it will come a greater trustfulness in the verdicts of the medical profession—the lesson may not have been in vain.

The Traveling Doctor.

From the Daily Record, Canon City, Cal.
"It's a strange thing to us why Canon City men or women would trust their eyes or their health in the hands of some unknown traveling doctor of any kind. It's a strange thing to us why any Canon City man would buy a suit of clothes or a bunch of teas or groceries from a strange agent whose word and business methods are wholly unknown to the buyer, and whose goods must be taken on faith in, a stranger. But it is infinitely more incomprehensible why a man would trust his eyes, or the eyes of his wife or child, to the care of an unknown man whose ability, skill and professional reputation is wholly unknown. The eye is about the most sensitive and delicate organ about the body, and the one a person can least afford to take any chance with. You might afford to take a chance with a stranger on fixing up your corns or ingrown toe nails, but when it comes to the eye or some delicate question of health you should be pretty well satisfied that the man you go to is all right. And if the man lives in Canon City and you can go back to see him any time, he is pretty apt to give your case a good deal more thoughtful care than the man who is here to-day, gets your money, and is off tomorrow, perhaps never to return again. Think it over."

Sex Hygiene.

From Collier's Weekly, October 18th.
There are many indications that the problem of what to tell our maturing young people is going to be given an answer within the next few years. In current discussions the position taken seems to depend very largely upon the speaker's fundamental belief as to the importance of chastity. This means that we are attempting to handle a practical problem from the most theoretical standpoint. It seems clear that experience so far shows that this whole problem of sex had better be approached in the spirit of personal reserve and reverence for personal relations that we associate with the better sort of home life rather than in the spirit of eager curiosity and practical experimentation that we associate with the schools. The psychologists are welcome to their endless wrangle as to the precise extent to which sex discussion arouses, in those discussing sex, cravings which might otherwise remain dormant, but it is certain that the average young medical student's first acquaintance with obstetrics is not a force making for personal or social purity. The contrary is far too often the case. Any system of instruction which gives a knowledge of sex hygiene merely as mechanical knowledge will be a gigantic mistake. Any instructors given this responsibility must have the spiritual force to conquer the problem and the personality to compel their pupils to reverence. Anything less will be instruction for dogs, not for human beings.

Therapeutic Notes.

Augia Pectoris.

Dr. M. Michaelis, in *Therapie der Gegenwart*, describes the treatment of the paroxysm and, in the intervals, removal of the cause and measures to increase the resisting powers. He has never witnessed any fatality from morphin, but has always found it efficient in relieving the pain besides combating the spasm. Nitrate of amyl, he says, not only relieves, but keeps the patient tranquil when he knows that he has it always with him. Local heat is also useful during an attack, and application of dry cups in the axilla or on the back. When there is much dyspnea inhalation of oxygen is extremely beneficial. If the patient shrinks from the use of a mask, a funnel can be fitted on the tube. The mechanical support of the heart region by a pad, exerting slight pressure, relieves some patients and helps to ward off attacks. Sleep is indispensable and hydrotherapy is very useful. In prophylaxis, potassium iodid should be given in not too small doses and should be kept up for a long time. Michaelis does not ascribe much importance to heredity. His experimental research has shown the possibility of development of a collateral circulation. The tendency to arteriosclerosis should be combated by the usual measures.

Bronchial Asthma.

Dr. Gruenwald, in *Muenchener Med. Woch.*, suggests the following: By means of a laryngeal syringe, 1 c. cm. of a 1:10,000 solution of suprarenin (adrenalin) is injected through the glottis into the trachea. The patient immediately feels a sensation of cold, extending down into the epigastrium, and, soon after, the respiration becomes less difficult. A single injection apparently suffices to abort the attack, and indeed, in the writer's experience, to prevent its recurrence for several months. The treatment is most successful in the so-called idiopathic bronchial asthma; it fails in reflex asthmatic attacks and in the asthma of hay-fever.

Dysentery—Treatment of.

Dr. J. H. Thompson, in the *Dublin Journal of Medical Science*, says that his treatment usually was to start off with 5vi of castor oil and a few minims of tincture of opium; after that had produced its effect he ordered mxx tincture of opium in 5ss of water, to be followed fifteen minutes later by 20 grains of powdered ipecac, in emulsion. (No food having been taken for some time previously.) This was repeated every four hours. Diet restricted to soup, milk, or albumin water, and the patient rigorously confined to bed. If, after twelve doses there was no improvement Thompson then ordered the saline treatment—

	gm. or c.c.	
℞ Sodii sulphatis	4℥	5i
Acidi sulphurici dil.	166	or mx
Aquae	ad 16℥	5ss

Misce. Sig. Such a dose every two hours. This was given till blood and mucus had disappeared from the stool.

Later he resorted to emetine hydrochloride. First he gave small doses, 1/3 grain, but now he never uses less than 1/2 grain doses for adults.

and sometimes when he gets early cases he injects 1 grain, which practically aborts the disease. He has never found any ill effect following an injection. In mixed dysentery infection—i. e., amebic and bacillary—Thompson finds that injections of emetine, and 5ss doses of the acid sodium sulphate mixture by the mouth is the most satisfactory method, strict attention always being paid to diet and rest. He has treated about 150 patients with emetine hydrochlorid. In some of these the treatment had no effect whatever, and those, according to Rogers, are of bacillary origin. So, therefore, not only does emetine cure the amebic variety (which constitutes about 85 per cent. of the dysentery in Thompson's district), but it serves for a differential diagnosis of bacillary dysentery, and thus enables it to be quickly treated along the proper lines.

Fissures and Cracks in the Skin.

Paint a layer of compound tincture of benzoin upon the crack and apply the following ointment to the dry place:

℞ Resorcin, 0.05.

Glycerite of starch (neutral), Gm. 30.0.

—Sabouraud, in *Nouveaux Remedes*.

Fissures and Erosions of the Nipple.

For many years I have treated all fissures and erosions of the nipple with a strong ichthyol ointment, and so universally successful has it proven that I have almost discarded all drugs for this one. The ichthyol ointment I use is twenty-five per cent. in strength. I recommend the formula, the composition of which is:

Ichthyol	.....	8.0
Lanolin	.....	10.0
Glycerin	.....	10.0
Olive oil	.....	2.0

With or without 5 per cent. of cocaine.

—Dr. S. Marx.

Hyperidrosis—Foot Powder for.

Dr. C. Sabatic recommends the following:

℞ Salicylic acid, 1 gram.

Rice powder, 10 grams.

Talc, 40 grams.

℞ Subnitrate of bismuth, 50 grams.

Sodium salicylate, 10 grams.

℞ Talc.

Subnitrate of bismuth, aa, 40 grams.

Pulverized alum, 10 grams.

Potassium permanganate, 2 grams.

Ichthyosis.

℞ Resorcini, grn. xv.

Aquae, m xxx.

Lanum, 5v.

Petrolati, 3iij.

Olei Lavandulae, gtt. vj.

M. Sig.: Rub in twice a day.

—Merck's Archives.

Itch.

℞ Mentholi, gr. xl.

Ichthyoli, 5iv.

Calcii sulphurati, 3j.

Sulphur, 3ij.

Lanolin.

Ol. olivæ, of each, ad 3iij.

Apply as required.—C. E. Boynton, in *South-ern Practitioner*.

Poliomyelitis—Epidemic Anterior.

Dr. P. F. Barbour, Louisville, at the annual meeting of the Kentucky State Medical Society, in a paper, said:

The treatment must be adapted to the stages of the disease. At the outset we should attempt to lessen the congestion of the cord by any means available. The application of counter-irritants will bring the blood to the surface and away from the congested area. Ergot has been recommended to reduce the size of the vessels, but it does not produce a great effect. Atropin, by sending the blood to the periphery, should prove helpful enough to redden the skin. The use of electricity on the nerves and muscles offers more help and hope than any other agent. Some massage is helpful by promoting the circulation through the muscles. Strychnin and all other forms of tonics and general tonic medication should be continued. Special attention should be paid to the deformities which result from atrophy and loss of control of the muscles. Much can be accomplished by persistent insistence on the patients trying to use any muscle fibers that can be moved voluntarily.

Tinnitus Aurium, Relief of.

Dr. W. C. Braislin, in the Transactions of the American Otological Society, states that tinnitus due to inflammatory conditions of the Eustachian tube yields more rapidly and permanently when applications of silver nitrate are made in the tube than when other measures are alone used. He now resorts to this procedure systematically in cases of tubal catarrh, chronic otitis media, and combined middle and internal ear disease. After the ordinary catheter inflation, but before removing the catheter from its position, a small cotton pledget, twisted on a flexible wire applicator, is dipped in the silver solution:

R Argenti nitratis, gr. xxiv (1.5 Gm).

Aque destillata, 3j (30 Gm.).

Fiat solutio.

and carried through the lumen of the catheter into the Eustachian tube for the distance of $\frac{1}{4}$ to 1 inch, the patient meanwhile swallowing, if necessary, to facilitate its passage. The application having been made, the wire is at once withdrawn. Where the tube is acutely inflamed, the silver causes a sharp sensation of pain, but this is only temporary. The procedure can be carried out daily, if desired.—N. Y. Med. Jour.

Alcohol in Infectious Diseases.

Dr. Ewald, of Berlin, said the opinion has now been reached that alcohol no longer plays the role in therapeutics, especially of infectious diseases, that was formerly ascribed to it. The injury caused by the alcohol to the infection does not compensate for the harm resulting from the unfavorable influences on the natural protective power of organism, the blood-pressure and the respiration. The stimulating action of alcohol on the heart is of only short duration and is followed by a marked decline. It was believed formerly that treatment by alcohol was especially indicated in the infectious tropical diseases, in syphilis and other venereal diseases, in pneumonia, rheumatism, scarlet fever, measles and diphtheria. But at present the opinion prevails that treatment with alcohol

is injurious rather than advantageous in many cases. Even in pulmonary tuberculosis the injurious influence of alcohol is established. Ewald gives alcohol only in severe heart-failure and in certain forms of diabetes, particularly in incurable cases, in order to divert the mind of the patient from dwelling on the hopelessness of his condition.

Adhesive Plaster in Wound Dressing.

By John Young Brown, M. D., of St. Louis.

In applying adhesive plaster to retain dressings following a surgical operation, the surgeon is frequently annoyed by the failure of the plaster to stick to the skin. This difficulty can readily be overcome by spraying with ether the surface to which the plaster is to be applied. The ether causes the skin to dry quickly and the adhesive plaster quickly takes hold. Cotton should always be placed on the gauze. By so doing, the plaster not in contact with the skin can be readily turned back by cutting in the centre. The dressing can be changed, and by the use of tape the adhesive bandage is again adjusted, thus avoiding the annoyance and pain of removing the plaster at each dressing.

Salol is a good urinary antiseptic. Benzoic acid is also valuable—and acidulates the urine when it is alkaline. Supplement it with urotropin or arbutin.

Thiersch's fluid is made up of 16 grains of salicylic acid and 96 grains of boric acid dissolved in a pint of sterile water. This is cleansing for mucous membranes, such as those of the mouth and eye, and it may be used whenever irrigation is employed for cleansing purposes.—Medical Summary.

Dr. Stark is emphatic in the belief that to give quinine to a person suffering from influenza, with severe headache, furred tongue and acute pain in the limbs, merely adds to his discomfort. He cuts the disease short in two days, he says, by giving a mercurial purge, followed by sodium salicylate, potassium bicarbonate and tincture of nux vomica.—"Practitioner."

Hospitals.

Hackensack Hospital.

The report reaches us as the Journal goes to press that the twelve days campaign to raise \$75,000 for this hospital, which closes October 28th, has not only succeeded but that the amount is likely to exceed \$80,000. Well done citizens of Hackensack and neighboring towns! Editor.

Lakewood Hospital Gets an Ambulance.

An automobile ambulance was presented last month to the Paul Kimball Memorial Hospital by Mrs. George J. Gould, as a memorial to her mother. The hospital, which was built last year by winter residents of Lakewood, recently received its entire surgical equipment as a gift from Mr. Gould, who is one of the directors. The hospital was built as a memorial to

Dr. Paul Kimball, one of the pioneer residents of Lakewood.

Social Workers in Hospitals.

At a meeting of the Board of directors of the Bureau of Associated Charities held in Newark, October 15th, it was decided to help the movement for social service workers on the hospitals, to follow up hospital cases. Dr. William S. Disbrow, Newark, was appointed a member of the committee in this work.

Hospital Administration.

Dr. F. A. Washburn, in the Boston Medical and Surgical Journal, September 25th, says: The professional departments of a large modern hospital should each have a single head with an uninterrupted service. Each chief should devote at least a half of each day to his hospital work; his private practice should be secondary. Such men can be obtained only by paying them adequate salaries. The superintendent of the modern hospital should keep in touch with the problems and progress of medicine. There is a tendency in some of the smaller hospitals for members of the staff to attempt surgery for which they have had no adequate training. Too many small hospitals are started without adequate provision for their support.

Marriages.

BUTLER—WATKINS—In Lorain, Ohio, October 1, 1913. Dr. Eustace Cameron Butler, of Caldwell, N. J., to Miss Anna C. Watkins, of Louisville, Kentucky.

HARVEY—SHEDAKER—At Atlantic City, September 27, 1913. Dr. Henry Thomas Harvey to Mrs. William N. Shedaker, both of Atlantic City.

PENNINGTON—TAYLOR—At Martinsburg, Pa., September 15, 1913. Dr. George Powell Pennington, of Atlantic City, to Miss Ella Taylor, of Martinsburg.

PRESLEY—EXTON—At Poughkeepsie, N. Y., October 7, 1913. Dr. E. Warren Presley, of New York, formerly of Arlington, N. J., to Miss S. Loise Exton, daughter of the late Dr. James A. Exton, of Arlington.

Deaths.

COYNE—In Sterling, Mass., September 8, 1913. Dr. James A. Coyne, of Newark, aged 40 years. He graduated from the Jefferson Medical College, Philadelphia, in 1896.

DAVIS—At East Orange, N. J., September 24, 1913, suddenly in his office. Dr. William H. K. Davis, aged 50 years. Dr. Davis graduated from the New York University Medical College in 1886. He was a member of the Essex County Medical Society, the Medical Society of New Jersey and The American Medical Association.

LOCHNER—In Jersey City, N. J., September 5, 1913. Dr. John Lochner, aged 73 years. He graduated from the New York University

Medical School in 1871. He was medical examiner for the Jersey City Fire Department for twenty years, a member of the local Board of Health nineteen years and a member of the Hudson County Pathological Society.

SCHENCK—At Flemington, N. J., September, 28, 1913. Dr. William H. Schenck, age 87 years.

STITES—In Springfield, N. J., October 22, 1913. Dr. Joseph Augustus Stites, health officer and medical inspector of Springfield Township, from apoplexy, aged 61 years.

Further notice will be given hereafter.

Personal Notes.

Drs. C. E. Ball and A. C. Benedict, South Orange, and Dr. A. R. Chamberlain, Maplewood, are members of the newly organized South Orange, Maplewood and Hilton Anti-tuberculosis Association.

Dr. Aims R. Chamberlain, Maplewood, and wife, last month took a 1,500 mile automobile trip through the South.

Drs. Walter E. Cladek and F. W. Sell, Rahway, have been reappointed medical inspectors of the Rahway Public Schools.

Dr. Henry B. Costill, Trenton, and wife returned early in October from their six weeks vacation, spent in the Adirondacks and White Mountains.

Dr. Frank M. Donohue, New Brunswick, has returned to the city from his summer home at Cedarcrest.

Dr. Leo E. Froomeess, Elizabeth, escaped serious accident last month when his automobile collided with a trolley car in that city.

Dr. Eugene Z. Hillegas, Mantua, who has been confined to his home for several weeks, underwent an operation at Jefferson Hospital, Philadelphia, for the removal of gall stones.

Dr. Henry H. Janeway, New York, member of Middlesex County Medical Society, has a paper in the A. M. A. Journal, October 11th, on Gastroscopy.

Dr. E. Le Roy Minard, East Orange, and wife were thrown out of their automobile and bruised in a collision with another automobile. Both cars were much damaged.

Dr. George P. Philhower, Nutley, and wife spent a few days last month at Bay Shore, Long Island.

Dr. Fred W. Owen, Morristown, was elected vice-president of the Prohibition Alliance of that city last month.

Dr. Martin W. Reddan, Trenton, and family, who spent several weeks in Atlantic City, have returned home.

Dr. Emma M. Richardson, Camden, read a paper before the Camden Medical Society, October 7th on "Eugenics."

Dr. William G. Schauffer, Lakewood, and wife recently returned from a three weeks' trip to the Panama Canal Zone.

Dr. Harvey D. Van Gaasbeck, Sussex, announces the marriage of his daughter, Miss Ethel, to Mr. Edwin H. Evans.

Dr. Henry Wallace, Glen Ridge, and family are at White Sulphur Springs, West Virginia, expecting to return about December 1st.

Dr. Emma M. Richardson, Camden, read a paper before the Camden City Medical Society, October 7th, on "Eugenics."

Dr. Henry H. Sherk, Camden, addressed Compank K. Boys' Brigade of America, connected with the Grace Baptist Church of Camden, on October 8th.

Dr. H. Genet Taylor, Camden, and wife, spent July and August in Atlantic City.

Dr. E. Moore Fisher, Greystone Park, and wife recently returned from a visit to Wilmington, Del.

Drs. George R. Hampton and G. B. McMurray, Greystone Park, who were operated on for appendicitis last month, have recovered.

Dr. Louis K. Henschell, Greystone Park, has returned from a trip to Bermuda.

Dr. Edgar K. Conrad, Hackensack, had a narrow escape from serious accident recently, when a rear axle of his automobile broke off close to the hub and his car skidded ten feet. His car, fortunately, was not going at great speed.

Dr. Henry B. Holler, Newark, and wife recently entertained the Forest Hill Literary Society at their home.

Drs. T. S. McCabe, D. L. McCormick, L. A. Koch and A. Finkelstein, Newark, were among the panel of forty selected for the Essex County Grand Jury last month. The chief justice will select twenty-four of the forty to serve.

Dr. William C. Williams, Rutherford, has removed to his new residence on Ridge road.

Dr. L. H. Thorne, Greystone Park, has resumed his work in the laboratory of the State Hospital, after studying neuro-pathology with Prof. Alzheimer at the University of Breslaw, and the Wassermann reactions with Prof Wassermann, in Berlin.

Dr. E. C. Chew, Atlantic City, and family last month enjoyed a two weeks' trip through New York State.

Dr. Thomas Dunlap, Atlantic City, his wife and mother have recently sailed for Europe.

Dr. Joseph C. Marshall, Atlantic City, attended the clinic of Dr. G. W. Crile, of Cleveland, Ohio, last month and was a guest of honor at a dinner given by Dr. Crile.

Drs. O. D. Stickney, W. C. Wescott and E. L. Reed, Atlantic City, recently enjoyed a prolonged gunning trip in the Maine woods.

Dr. Edward A. Ayres, Branchville, has been appointed medical inspector of the borough school at a fee of two dollars an hour.

Dr. James F. Horn, Flanders, has been re-appointed medical inspector of the Netcong school.

Dr. John G. Wilson, Perth Amboy, returned last month from his summer vacation spent in the Province of Quebec, Canada.

Dr. George L. Romine, Lambertville, at a meeting of the Pennsylvania Railroad Surgeons' Association at Atlantic City, last month, was elected president of the Eastern Lines Division.

Dr. Clifton R. Wallace, Bordentown, has left the city for Washington, D. C., his former home.

Dr. Theodore B. Fulper, Hampton, has been appointed medical inspector of the township schools.

Book Reviews.

A CLINICAL MANUAL OF MENTAL DISEASES. By Francis X. Dercum, M. D., Ph. D., Professor of Nervous and Mental Diseases, Jefferson Medical College, Philadelphia and London: W. B. Saunders Company, 1913. Cloth, \$3.00 net.

This book is based on the annual lectures of the author and is especially adapted for the use of students and young practitioners. The family physician sees the patient first and he should understand the early symptoms of mental disorders well enough to make the proper diagnosis in the beginning. The insane man is a sick man and should have proper care from the start.

DIET IN HEALTH AND DISEASE. By Julius Friedenwald, M. D., Professor of Gastro-Enterology in the College of Physicians and Surgeons, Baltimore; and John Ruhrah, M. D., Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Fourth edition, thoroughly revised and enlarged. Octavo of 857 pages. Philadelphia and London: W. B. Saunders Company, 1913. Cloth, \$4.00 Half Morocco, \$5.50 net.

Its previous editions have given Friedenwald and Ruhrah's book on "Diet" a place among the standards. The changes and additions made in this fourth edition bring it fully up to date. The selections of appropriate foods for different diseases are made with good judgement. The book is designed especially for students, internes and the younger practitioners.

ESSENTIALS OF PRESCRIPTION WRITING. By Cary Eggleston, M. D., Instructor in Pharmacology, Cornell University Medical College, New York City. 32 mo. of 115 pages: W. B. Saunders Company, 1913. Cloth, \$1.00 net.

THE PRACTICAL MEDICINE SERIES COMPRISING ten volumes on the year's progress in medicine and surgery. Under the general editorial charge of Gustavus P. Head, M. D., and Charles L. Mix, A. M., M. D. Volume VI, General Medicine, by Frank Billings, M. S., M. D., head of the Medical Department of Rush Medical College, and J. H. Salisbury, A. M., M. D., Professor Medicine, Chicago Clinical School. Series 1913. The Year Book Publishers, Chicago, 327 S. La Salle street.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined	Passed	Failed
Alabama, July	90	45	45
Arizona, July.....	23	17	6
Colorado, July	34	33	1
Indiana, July	89	89	0
Maine, July	31	28	3
Michigan, June	53	53	0
Oregon, July	87	65	22
Virginia, June	45	35	10
West Virginia, July.....	96	72	24
Wisconsin, June	96	89	7

In the Philippine Islands since January 1st, 1913, 27 have been licensed to practice medicine.

Federal Medical Licenses.

Representative T. L. Reilly, of Connecticut, on September 27 introduced into the House of Representatives a bill providing for the issuance of Federal medical licenses which would permit those holding them to practice medicine in any State of the United States. The bill authorizes the President to appoint a United States Medical Licensing Board, to have headquarters at Washington, and to consist of two medical officers of the Army, two medical officers of the Navy, and two officers of the Public Health Service. The terms of the members of this board are placed at four years, and the salaries at \$4,000 a year each. The bill provides that any person holding a State license would be permitted to apply to this Federal Board and upon payment of a small fee receive a Federal license, and that those persons who do not possess State licenses, upon application to the Federal Board and the presentation of a diploma granting the degree of M. D. from a recognized medical school and the fulfillment of the requirements of the American Medical Association, would receive a Federal license also, the fee in this case being ten dollars. Persons applying for these licenses must, according to the bill, be American citizens and of good moral character. The bill was referred by the House to the Committee on Military Affairs.

Fewer Medical College Graduates this Year.

The number of graduates from the medical colleges of this country for the year ending July 30, 1913, was 3,981, a decrease of 502 as compared with the previous year, a decrease of 202 below 1911, and a decrease of 450 below 1910. The total number of graduates this year was 1,166 less than in 1904. There were 209 graduates from the homeopathic colleges, or 57 more than in 1911. The eclectic colleges graduated 93, one more than in the previous year, but 17 less than in 1911. About 20 per cent. of the graduates of the regular medical schools had baccalaureate degrees, while in 1911 but 15.3 per cent. were reported as holding such degrees. Of the 753 graduates holding baccalaureate degrees, the largest number, 139, came from Illinois colleges, while 99 came from New York, 80 from Maryland, 73 from Pennsylvania, and 60 from Massachusetts.

Public Health Items.

Montclair Mosquito Extermination Work.

Health Officer Chester H. Wells announced last month that 595 mosquito breeding places had been eliminated during the summer. The season's inspections ended recently.

Scarlet Fever in a School.

The Milltown Board of Health closed the public school for two weeks last month owing to an epidemic of scarlet fever in the town.

Georgia Health Board Offices Closed.

Offices of the Georgia Board of Health were closed October 14th, by order of Dr. H. F. Harris, its secretary, eleven members of the office force having contracted diphtheria within the last few days. Dr. Harris said that office employees probably had become infected through carelessness on part of physicians in sending diphtheria cultures through the mails.

Scarlet Fever and Typhoid in Camden.

Medical Inspector Dr. J. F. Leavitt reported for months ending September 15th and October 15th as follows:

September—Typhoid fever, 19; scarlet fever, 3; diphtheria, 20; membranous croup, 1; tuberculosis, 19; chicken pox, 3; malaria, 5; infantile paralysis, 1; measles, 1; whooping cough, 11; tonsillitis, 4; ophthalmia, 1; total, 88.

October—Typhoid fever, 15; scarlet fever, 11; diphtheria, 18; membranous croup, 3; tuberculosis, 16; chicken pox, 5; malaria, 6; infantile paralysis, 1; mental deficiency, 1; blood poison, 1; epilepsy, 1; measles, 4; whooping cough, 1; tonsillitis, 13; total, 96.

Typhoid Fever in Perth Amboy.

A reduction in the number of typhoid cases existing for a month among children attending local schools, was reported recently, and the health officials expressed the belief that the epidemic is now under control. Of fifty cases first reported twenty-five children have recovered and no new cases have been found. Three deaths from the disease occurred. The authorities have thus far been unable to trace the cause of the outbreak except that it might have resulted from the eating of ice cream. Tests of the water supply showed that it was pure and the milk supply, traced to Pennsylvania and New York State, was also found to be free from contamination. In practically every instance the children had partaken of cream a short time previous to being taken ill.

At least one-half of the members of the Rhode Island party which attended the Perry Centennial celebration, at Put-in-Bay, Sept. 8 to 15, were on October 6th said to be suffering from typhoid fever. The cases are scattered all over the State. Some are in a critical condition.

Newark Death Rate.

A drop of more than three and a half points in the yearly death rate over the previous week is shown in the Board of Health report today. There were seventy-five deaths from various causes, making the yearly death rate for the week 10.26 per thousand on an estimated population of 380,000. There were but 112 cases of contagious diseases, as against 150 the previous week.

Dr. E. E. Worl, Superintendent of Contagious Diseases of the Newark Board of Health, recently said:

"That Newark has such a low death rate and that its men are possessed of such vitality, is due to the superior intelligence of its working people. Not only are most of our working

men of the skilled class, but they have been educated to know that they must take the utmost care of their bodies in order to keep healthy. The educational campaigns which have been conducted by the Department of Health has had a great deal to do with this.

"Furthermore," he went on, "because this city has what I would call not an exactly healthy climate, and must contend with certain unhealthy conditions, such as crowded tenements and none too healthy factories, the health authorities have to be unusually alert and quick to institute preventive measures. I believe that less attention should be paid to curative work and more to the business of preventing disease."

Dr. Carl Imhoff Visits Madison-Chatham Plant

Accompanied by members of the State Board of Health and by civil and sanitary engineers, Dr. Carl Imhoff, of Germany, inventor of the Imhoff tank system of sewage disposal, made an inspection, October 17th, of the Madison-Chatham joint sewage disposal plant. His system is employed in the disposal plant. Dr. Imhoff talked at some length of the merits of his system, particularly with reference to its application here, which he pronounced highly satisfactory. He went so far as to say that the Madison-Chatham plant was superior to any of its kind either in Germany or the United States.

Health of the Canal Zone.

For the month of July, 1913, the annual average death rate from all causes among employees was 7.66 per thousand, representing a total of 37 deaths, of which 26 were due to disease and 11 to violence. This is the lowest rate on record for the month since 1904. The annual average death rate per thousand in the cities of Panama and Colon and the Canal Zone, including employees and civil population, was 24.86, which is 1 point higher than for the same month of last year. The chief causes of death were as follows: Dysentery, 2; lobar pneumonia, 5; malaria, 2; tuberculosis, 7; typhoid fever, 1. There were no cases of yellow fever, small-pox or plague. The report includes a striking diagram showing the decline in the number of cases of malaria among employees during the first half of each year from 1906 to 1913. In 1906 the morbidity from malaria for the six months from January to July was 46.9 per cent.; in 1907, 25.6 per cent.; 1908, 11 per cent.; 1909, 12.5 per cent.; 1910, 10.5 per cent.; 1911, 12.7 per cent.; 1912, 6.6 per cent.; 1913, 4.5 per cent.

Infant Mortality in Bavaria.

According to the tables of the Royal Statistical Institute 37,006 children under one year died in 1912, exclusive of stillbirths. This is a diminution of 9,650, or 20.7 per cent, compared with the previous year. Among these there were 30,855 legitimate and 6,151 illegitimate children. If the number of infant deaths in this year is compared with the births, the infant mortality in 1912 amounted to 17.7 per cent, and that for 1911 to 23.3 per cent. About a third of the infants born did not live through the first month and more than half failed to survive their first quarter. The statistics show that illegitimate children have a greater relative

mortality, especially in the first months of life than children born in wedlock. The mortality is relatively slightly greater in the country. The summer months of 1912 do not show so high a death-rate as those of 1911, a difference due to the excessive heat of the summer of 1911. As is well known, the danger from the heat is best avoided by breast-feeding, careful handling of the milk supply for infants, not overloading infants with clothing, and care in cooling the living-rooms.

New Rules for Medical Inspectors Suggested.

To effectively carry out the provisions of the law relating to medical inspection in the schools Melvin A. Rice, on October 18th, submitted to the State Board of Education a number of suggestions in the form of rules for local boards of education and medical inspectors of schools.

In making these suggestions, Mr. Rice remarked that the three-fold purpose of the law was to procure as complete a record of the growth and development of all the children of school age as possible; to find and correct physical defects and to discover and prevent the spread of contagious and communicable diseases.

In the rules, as outlined by Mr. Rice, medical inspectors shall be appointed by local boards for a period of one year. The inspectors shall be required to file monthly reports and sign the school register at each visit. Two or more adjoining school districts may unite in the employment of a medical inspector for the sake of economy or other reasons.

Another proposed rule provides that pupils sent home from school by a medical inspector with a diagnosis of infectious or contagious disease, either actual or suspected, shall not be re-admitted to their classrooms until they present a written certificate of good health from their family physician or some other regularly qualified physician, who has examined or treated them. This rule is made applicable to cases of diseases of the skin or scalp and to prurulent discharges from the eyes, nose or ears.

The rule for medical inspectors, as proposed by Mr. Rice, would require the same care and skill in examining pupils as would be compelled in the case of private patients.

At the commencement of each school year a medical inspector shall examine every pupil in that school district. The examination is to include a test of eyes for far and near sightedness and the condition of the eyelids; of the ears for acuteness of hearing and presence or absence of discharges; of the throat for condition of tonsils and possible adenoids, and of the teeth for condition and care.

Whenever possible, it is advised that the usual records be made of height, weight and chest measurement, and that examinations be made of heart and lungs. These examinations are to be made by the medical inspector himself and not be left to the teachers or nurses.

Another requirement proposed by Mr. Rice was that the medical inspector shall give at least three lectures to the teachers of his district each year. One of these lectures is to be on the prevention and detection of communicable disease, another on school hygiene and sanitation, and another on first aid to the injured.—Newark Evening News.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, September, 1913.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending September 10, 1913, was 3309. By age periods there were 916 deaths among infants under one year, 280 deaths of children over one year and under five years, and 851 deaths of persons aged sixty years and over.

The total number of deaths for the month is 144 less than the corresponding period last year. The deaths for August during the past four years follow:

August 1910, 3890; 1911, 3825; 1912, 3453; 1913, 3309.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending September 10, 1913, compared with the average for the previous twelve months, the average in each case being given in parentheses:

Typhoid fever, 33 (26); measles, 7 (17); scarlet fever, 9 (20); whooping cough, 50 (26); diphtheria, 35 (46); malarial fever, 1 (2); tuberculosis of the lungs, 269 (303); tuberculosis of other organs, 41 (43); cancer, 197 (173); diseases of nervous system, 295 (332); diseases of circulatory system, 410 (444); diseases of respiratory system (pneumonia and tuberculosis excepted), 122 (207); pneumonia, 91 (248); infantile diarrhoea, 502 (106); disease of digestive system (Infantile diarrhoea excepted), 263 (205); Bright's disease, 228 (248); suicide, 32 (34); all other diseases or causes of death, 722 (645); total, 3309 (3215).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis examined:

Specimens examined from suspected cases of diphtheria	337
Specimens examined from suspected cases of tuberculosis	427
Specimens examined from suspected cases of typhoid fever.....	536
Specimens examined from suspected cases of malaria	48
Miscellaneous specimens examined.....	115

Totals1,463

Division of Food and Drugs.

During the month ending September 30, 1913, 704 samples of food and drugs were examined in the State Laboratory of Hygiene. All were found to be above standard except: 14 samples of milk; one each of lard, olive oil and canned strawberries; two of the 106 samples of canned tomatoes and 8 of the 27 samples of vinegar.

Three hundred and eleven samples of water were examined in relation to oyster work; 57 samples of oysters were examined; 7 samples of sewage were examined in relations to oyster work; 1 sample of sewage effluent was examined in relation to oyster work.

During the month ending September 30, 1913, 185 inspections were made in 86 cities and

towns, two or three in several; at Bivalve, 12; Bridgeton, Camden, Passaic and Salem, 6 each; Elizabeth and Newark, 4 each; Millville, 8, and Trenton, 14 inspections.

Inspections were made of the following articles during the month, but no samples were taken: Milk 108, butter 112, food 547, drugs 65.

Other inspections were made as follows: Milk wagons 55, milk depots 50, grocery stores 104, confectionery stores 12, slaughter houses 20, meat markets 14, milk cans 500, liquor stores 5, creameries 1, canning factories 114, cold storage warehouses 7, bakeries 1, restaurants 71, delicatessen stores 2.

MEAT INSPECTIONS.

Beef, 20 pounds condemned; veal, 2 carcasses condemned.

The following inspections relating to the exposure of foodstuffs were made during the month of September: Bloomfield, 5; Bordentown, 13; Burlington, 19; East Orange, 18; Camden, 41 (7); Flemington, 6; Hackensack, 9; Hoboken, (103); Millville, 17; Morristown, 8; Orange, 26; Passaic, 51; Plainfield, 14; Red Bank, 15; River- ton, 9; Rutherford, 2; South Orange, 3; Tren- ton, (104).

The following suits have been instituted; At- lantic Highlands, 2; Highland, 2; Trenton, 17.

Division of Creameries and Dairies.

During the month 394 inspections were made as follows:

Eighty-eight dairies; 120 creameries; 14 milk depots; 172 ice cream factories.

Number of dairies scoring above 60 per cent. of the perfect mark, 59; dairies scoring below 60 per cent. of the perfect mark, 26; dairies relinquishing the sale of milk, 3; creamery licenses recommended, 9; ice cream factory licenses recommended, 38.

The total number of inspections made during the month was less than the previous month for the reason that a large measure of our time was taken in the inspection of creameries. These creameries are located some miles apart, and it is therefore difficult to visit many of them in one day.

Eight cow stables were disinfected under supervision of officers of this division. These stables had housed tuberculosis animals which had been condemned and slaughtered by the State Tuberculosis Commission. The stables were located in the following counties: Atlantic, 1; Bergen, 1; Essex, 1; Hunterdon, 1; Mercer, 1; Sussex, 2; Warren, 1.

On account of certain unsanitary conditions on their premises, the owners of nine dairies were notified to make improvements so as to meet the requirements of the Board. These dairies supply milk to the following municipali- ties: Asbury Park, Lyndhurst, Perth Amboy and Trenton. The Board prohibited the sale of milk produced on six dairy premises on account of extreme unsanitary conditions. These dairies supplied milk to Lake Hopatcong, Lynd- hurst, Perth Amboy and Trenton.

Six creamery operators were notified to cor- rect defects in their establishments as follows: The imperfect drainage of waste fluids from creamery; inadequate water supply; offensive vat water for cooling milk; unclean milk pipes; etc.

It was necessary during the month to prohi-

bit the manufacture of ice cream in eight factories, and they were closed up. In one of these factories the operator was in the act of using ice cream which had been returned to the factory in semi-liquid condition to mix with fresh materials to be sold. This being a dangerous practice and against the specific ruling of the Board, the material was denatured and the factory closed up. The proprietors of six ice cream factories were served with warning notices to improve their method of manufacture under penalty of being refused a license.

Suit was ordered against one wholesale ice cream manufacturer for continuing the manufacture of ice cream under unsanitary conditions after having been ordered by the Board to cease its manufacture.

Division of Food, Drugs, Water and Sewerage.

Total number of samples analyzed in the Water Laboratory, 161; public water supplies, 119; special public water supplies, 2; proposed public water supplies, 3; state institution water supplies, 6; private water supplies, 20; proposed bottled waters, 1; dairy water supplies, 1; miscellaneous waters, 2; sewage samples, 7.

Water supplies and water purification plants inspected at Bound Brook, Bridgeton, Burlington, Gloucester, Haledon, Long Branch (West End), Millville, Mountain Lakes, Newark, New Brunswick, 4; Princeton, Rahway (Rahway Water Works), Roebling, 2; Skillman (State Village for Epileptics), 2; Water Witch (Water Witch Club), Water Witch (James M. Johnson), Woodbury.

Watershed inspections at Bound Brook.

Bottled water supplies inspected at Asbury Park (Indian Lady Hill Spring), Edgewood (Penna.), Camden.

Sewage disposal plants and sewerage systems inspected at Asbury Park, Audubon, Avon, Avon (Kling's Boat House), Beverly, 2; Bordentown, 9; Bradley Beach, Burlington, Caldwell, Camden, Cape May, Chatham, 2; Clinton (creamery waste), Collingswood, Colt's Neck (creamery waste), Cranford, Creeskill, Delford, Edgar, Elizabeth, Fort Lee, Freehold, Gloucester, Hammonton, Hilliard's Island, Interlaken, Jamesburg, Jamesburg (State Home for Boys), Lakewood, Loch Arbor, Long Branch, Longport (2 plants), Mahwah (American Brake Shoe Company), Manasquan, Medford, Merchantville, Monmouth Beach, Moorestown, Morristown, Mullica Hill, 2; Neshanic (creamery waste), North Bergen, Pleasant View (Sliker Farm), Point Pleasant, Port Reading, Powerville (factory waste), 2; Ridgewood, 2; Roebling, Sea Girt, 2; Sea Girt (State Camp), 2; Sea Sile Park, Sewaren, Stanhope (McRoy Farm), Smith's Landing (Atlantic County Home for the Insane), Smithville, Three Bridges (creamery waste), Trenton (Agasote Millboard Company), Trenton (De Laval Steam Turbine Company), Trenton (Pennsylvania Railroad Shops), Wenonah, Westfield, 2; Westmont, Wildwood Crest, 2; Woodbridge, Woodbury, Woodstown, Woodstown (creamery waste), Wortendyke (Granite Linen Mills), 2.

Stream inspections on the Delaware River and tributaries, Pequannock River, Rahway River and tributaries, Raritan River and tributaries, Rockaway River and tributaries, Shrewsbury River and tributaries, Whippany River and tributaries.

Number of stream pollutions reported, 37; reinspections of stream pollutions made, 77; stream pollutions found abated, 35; cases referred to the Attorney General, 5; notices to persons to cease pollution issued, 7; notices to municipalities to cease pollution issued, 3; plans for sewage disposal plants, sewerage systems and extensions approved, 12; plans for sewage disposal plants, sewerage systems and extensions disapproved, 1; plans for water supply systems approved, 1; bottled water supplies disapproved, 1.

NEW AND NON-OFFICIAL REMEDIES.

Since September 1 the following articles have been accepted by the A. M. A. Council on Pharmacy and Chemistry for inclusion with new and non-official remedies:

Abbot Alkaloidal Co.: Acne Bacterin, Polyvalent; Coli Bacterin, Polyvalent; Friedlander Bacterin, Polyvalent; Gonococcus Bacterin, Polyvalent; Pneumo-Bacterin, Polyvalent; Staphylo-Bacterin, Polyvalent; Staphylo-Albus Bacterin, Polyvalent; Staphylo-Aureus Bacterin, Polyvalent; Staphylo-Bacterin (Human) Albus, Aureus and Citreus; Strepto-Bacterin (Human); Typho Bacterin, Polyvalent; Typhoid Prophylactic; Slee's Antistreptococcus Serum; Slee's Antimenigitis Serum; Slee's Normal Serum.

Herman Barker: Barker's Gluten Food A; Gluten Food B; Gluten Food C.

Farbwerke-Hoechst Co.: Ninhydrin; Placentapectone.

Lederle Laboratories: Rabies Vaccine.

Merck & Co.: Copper Citrate.

Having announced that the advertising claims now made by the Sophian-Hall-Alexander Laboratories will be adhered to by E. R. Squibb & Sons the Council voted that the acceptance of the products described in the Journal of the American Medical Association, April 5, 1913, p. 1074; April 19, 1913, p. 1227, and September 6, 1913, p. 771 be allowed to stand.

Since the publication of New and Non-Official Remedies, 1913, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies:"

Whooping Cough Vaccine (Bordet-Gengou Bacillus).—This vaccine is prepared from the Bordet-Gengou Bacillus derived from a case of whooping cough. Sophian-Hall-Alexander Laboratories, Kansas City, Mo., (Jour. A. M. A., Sept. 6, 1913).

Electr-Hg.—A colloidal suspension of mercury, equivalent to 0.1 per cent. metallic mercury rendered stable by sodium arabate. Electr-Hg is claimed to have an action similar to that of soluble salts of mercury. Injected intramuscularly, it is said not to produce pain or indurations. It is used intramuscularly, intravenously and also intraspinally. Electr-Hg is marketed in the form of Ampules of Electr-Hg, 5 Cc., in a non-isotonized condition. The package contains a physiologic salt solution with directions for the extemporaneous isotonicization of the preparation before the injection. Comar and Cie, Paris, France.

Melubrin.—Melubrin is sodium 1-phenyl-1,2,3-dimethyl-5-pyrazolon-4-amido-methan-sulphonate. It is closely related to antipyrin.

Melubrin is white, almost tasteless and readily soluble in water. It is said to have almost no effect on the circulation or respiration in moderate doses, but to be a powerful antipyretic and analgesic. It is claimed to be useful in sciatica and other neuralgias and as an antipyretic in febrile affections. It is said to act similar to salicylates in acute rheumatism. Farbwerke-Hoechst Co., New York (Jour. A. M. A., Sept. 13, 1913).

The following from the Cutter Laboratory, Berkeley, California:

Acne Bacillus Vaccine.—Each Cc. contains 50 million killed acne bacilli suspended in physiologic salt solution with 4/10 per cent. trikresol.

Coli Vaccine.—A suspension of the bacillus coli communis in physiologic salt solution with 4/10 per cent. trikresol. Containing 50 million killed Bacilli coli per Cc.

Pneumococcic Vaccine.—A suspension of mixed strains of the *Diplococcus pneumoniae* in physiologic salt solution with 4/10 per cent. trikresol. Containing 50 million killed pneumococci in each Cc.

Staph-Acne Vaccine.—A mixture of killed staphylococci and of killed acne bacilli in physiologic salt solution with 4/10 per cent. trikresol; each Cc. containing 500 million staphylococci and 50 million acne bacilli.

Staphylococcic Vaccine.—A suspension of the *Staphylococcus aureus*, *albus* and *citreus* in physiologic salt solution with 4/10 per cent. trikresol. A suspension of various strains of staphylococci containing about 500 million to each Cc.

Pyocyanus Vaccine.—A suspension of mixed strains of killed bacillus pyocyanus, in physiologic salt solution with 4/10 per cent. trikresol, 1 Cc. containing about 50 million killed bacilli.

Streptococcic Vaccine.—A suspension containing in each Cc. 50 million of killed streptococci, in physiologic salt solution with 4/10 per cent. trikresol.

Typhoid Vaccine.—A suspension of killed bacilli in physiologic salt solution with 4/10 per cent. trikresol; containing 50 million typhoid bacilli of various strains in each Cc.

Typhoid Prophylactic.—A suspension made from a single strain, viz., that employed by the United States Army. Each Cc. contains 1 billion killed typhoid bacilli. (Jour. A. M. A., Sept. 13, 1913).

The following from the Lederle Antitoxin Laboratories, New York City:

Antigonococcus Serum.—Marketed in 10 Cc. syringes.

Antimeningo Coccus Serum (Antimeningitis Serum).—Marketed in 15 Cc. cylinders.

Antistreptococcus Serum.—Marketed in 50 Cc. cylinders.

Antistreptococcus Serum. Polyvalent.—Marketed in 10 Cc. syringes.

Antipneumococcus Serum.—Marketed in 50 Cc. cylinders and in 10 Cc. syringes.

Normal Horse Serum.—Marketed in 10 Cc. syringes and 100 Cc. vials.

Scarlet Fever Treatment.—Marketed in four strengths in syringe packages, two vial packages and 20 Cc. vials.

Scarlet Fever Prophylactic.—Marketed in packages of three syringes and in packages of three vials. (Jour. A. M. A., Sept. 13, 1913. p. 869.)

OFFICIAL TRANSACTIONS

OF THE

147th ANNUAL MEETING OF THE MEDICAL SOCIETY OF NEW JERSEY.

ADDENDA CONCLUDED.

(See page 166, August Journal.)

GOVERNOR FIELDER'S ADDRESS AT THE ANNUAL BANQUET.

President Wilson: Ladies and Gentlemen, I congratulate and felicitate myself that we have with us to-night three eminent speakers, an American, a German and an Irishman—a combination hard to beat.

The first speaker is the man who, since my illustrious namesake removed to Washington, presides over the destinies of this great commonwealth. He has honored us to-night with his presence and will speak to us of our State. It gives me great pleasure to introduce to you Acting-Governor James F. Fielder. (Applause).

Governor Fielder:

Ladies and Gentlemen—I am very thankful for the good fortune that makes it possible for me to be here to-night and enjoy this occasion with you. Of course, you ladies will understand that you and I have really no right here among these doctors, being here entirely on sufferance. I suppose the only excuse for our presence is that I happen to be the Governor of the State and you are the governors of the doctors. (Applause).

I have never come into intimate contact before with such a large number of physicians. I have always approached a single one with a great deal of nervousness and trepidation, so you can imagine my feelings on this particular occasion. I haven't even got used to seeing a delegation or a committee wait on me at Trenton in connection with matters of legislation—that always gives me nervous chills too—because I don't quite know how I am going to get away from the thing they desire me to do. Still, I am making the very best I can of my nervous condition and my feeling of being a little bit out of place, and I have even gotten so I have not taken any offense at being called doctor to-night on several occasions.

It's a fine thing to see such a large body of men sufficiently interested in their particular line of endeavor, in their business, in their profession, gathered together and endeavoring through the exchange of thought and the exchange of ideas to better themselves and the profession with which they are connected, and I haven't the slightest doubt but that this gathering yesterday and to-day will mean a great deal, not only for you yourselves and for your profession, but for the people of the State who

benefit through your ministrations. I don't think that there is a profession or a business that makes the progress, that makes the rapid strides forward that your profession does, and I think that it is entirely due to the fact that you are not bound by precedent, that you are not tied to the old order of things, but that you are always ready to progress and move along new lines as soon as those lines are open to your observation. You are ready to discard the old methods just so soon as a new one is presented to you and you have had an opportunity to try it out and test its efficacy; and I think this is true of your profession when it is not true of other professions or businesses. I know in my own profession we lawyers are tied up to precedent, rules and procedures which have been handed down to us through the ages, I might say, and we feel it may be better to proceed along the same old lines, particularly in the State of New Jersey, that were followed out under the common law in England, and I think that is one reason, perhaps, for the complaint, which is founded on a good basis, against the law's dealings and what is so often called an improper administration of justice, and I wish that we lawyers might be able to take a leaf from your book; that we might be able to progress or be willing to progress by throwing off the ties that have bound us to the old methods and old rules, and devise some new rule of legal procedure, whereby justice could be more steadily administered and whereby it might be opened more readily and more cheaply to the ordinary student. Perhaps if we could get conventions together such as you are able to do and to talk over things and argue them out in the light of reason as you do in your conventions, we might be able to accomplish the things that you have accomplished. But, unfortunately, our bar association gatherings are really an excuse for a dinner and to listen to some speeches. The time may come, however, when we may be able to show some improvement along our line and our profession and then make people move a little faster along your line and profession. But it is a mighty good thing that we have here in the State, those who are willing to progress. It is a good thing not only in medicine and law, but a good thing in politics, and we have a set of men who you know are called "Progressive," (Applause) and they are not only with us to-night apparently, but they are not confined alone to one party, for the other party is beginning to get a move on and is beginning to take some interest, or a greater interest, rather, in legislation and in matters of State government that is good for the whole people; and if we could only get that idea stirred up more extensively among all the people more good might be accomplished, and more readily accomplished—we are, of course, going to have a very much better State than we have had in the past and times are getting better. We are all better today than we were yesterday, and we profit by our past experiences and learn by the things that we have done and by the things that we have left undone and we are able, in the light of past experience, to do something better for the future in which we are to live.

Your President said to me a short time before introducing me that the hour for the dinner had been fixed at eight o'clock, but be-

cause there was a dance to follow and some pictures to be shown after the speeches were made, it had been decided to place the dinner earlier. I take that to be a very delicate method of administering an anesthetic to an otherwise perfectly good speech, and I am going to accept his hint, because we young people want to get into that dance and some of the older ones also, while more of the older ones, I have heard it said, desire to get the smokers out and smoke, so am going to sit down after telling you how pleased I am to have had this opportunity of being with you; the pleasure of meeting so many of you before the dinner, and the pleasure that I hope is in store for me of meeting the rest of you after this occasion is over. (Applause).

(We regret exceedingly that we have not been able to secure the eloquent addresses of Dr. Abraham Jacobi, President of the American Medical Association, and Prof. James M. Walsh, of New York City.—EDITOR.)

ANNUAL REPORTS OF COUNTY SOCIETIES TO THE COMMITTEE ON SCIENTIFIC WORK.

Dr. Alexander McAlister, Chairman,
Committee on Scientific Work.

Dear Doctor:—

In submitting to you the report of the work done during the past year by the Atlantic County Medical Society, I can only say that it has been a year of progress which has been gratifying in the extreme. Much of our success was due to the untiring efforts of our Presidents, Drs. Berner and Conaway, in securing for the society interesting speakers and programs which were at all times full of life and instruction. This, of course, could have but one result: large attendance and enthusiastic meetings.

Two important events have made our year's work unusually interesting: Atlantic City and our society being especially honored by the annual meeting of the American Medical Association which was held the first week in June and which was attended by more than thirty-six hundred members, and, by a visit from a body of two hundred and fifty distinguished German physicians and surgeons who came to our city on September 22nd by special train en route to the meeting of the International Congress of Hygiene and Demography at Washington, D. C. It became our duty and pleasure to entertain these two great bodies of medical men and the "good" they left behind with us and our city more than repaid us for the time and effort we spent in trying to make their only too short stay agreeable.

Eight meetings were held during the year and the following interesting and instructive papers were read and discussed:

"Infant Feeding," by Dr. Louis Fischer of New York City.

"Some Interesting Points in the Diagnosis and Prognosis of Cirrhosis of the Liver," by Dr. William E. Hughes of Philadelphia.

"Mental Deficiency and Its Relation to Education," by Professor E. R. Johnstone, Superintendent of the Vineland Training School.

"Consideration of some of the newer activities relating to Public Health," by Dr. A. C. Abbott of Philadelphia.

"Importance of Reporting Communicable Diseases," by Dr. A. Clark Hunt of the New Jersey Board of Health.

"Chronic Intestinal Stasis," by Dr. Wm. Seaman Bainbridge of New York City.

"The Relationship Between Gastric and Pancreatic Carcinoma," by Dr. Edward S. Schumann of Philadelphia.

"Intestinal Obstruction," by Dr. Frank D. Gray of Jersey City.

"The Diagnosis by Serial Radiography of Gall Bladder Disease, With and Without Calculi," by Dr. Lewis Gregory Cole of New York City.

The papers read and cases reported by members of our society were:

"Some Details of the Medical Inspection of Schools in Atlantic City," by Dr. E. C. Chew.

"Hemorrhage into an Ovarian Cyst," by Dr. Wm. Edgar Darnall.

"Pyloric-spasm," by Dr. Emery Marvel.

"An Unusual Case of Carcinoma," by Dr. Wm. J. Carrington.

Five new members have been added: Dr. Franklin G. Clark, Dr. Otis D. Stickney, Dr. Lynburn Bewley, Dr. C. H. Channing and Dr. W. L. Bullock, all of Atlantic City. Three members were added through transfers from other societies: Dr. C. Coulter Charlton from the Graves County (Ky.) Medical Society, Dr. W. W. Fox from the Philadelphia County Medical Society and Dr. George M. Gould from Ithaca, N. Y. We were fortunate in not losing any members by death. Dr. W. Price Davis and Dr. M. H. Kudlich tendered their resignations.

During the late winter and early spring an epidemic of measles occurred throughout our city but comparatively few of the cases were of a severe nature. The fact that many of the parents regard measles so lightly as not to warrant calling in a physician and thus giving the only real opportunity of restrictions, accounted largely for the spreading of this disease, principally through the school children, rigid as our school medical supervision is.

Through the efforts of our Library Committee, Dr. Wm. Edgar Darnall, chairman, we have brought our Medical Library, located in the Carnegie Library building, up to date in every respect.

At the present time there is a movement on foot to exterminate the fly and mosquito in and about Atlantic City. Several meetings have been held, at which moving pictures and lantern slides were shown and plain talks given relative to the dangers of allowing these pests to breed. There has been an especial effort made to interest the public school children in the movement and our school physicians have worked faithfully to this end.

We are endeavoring to organize a society in connection with our County Medical Society for the purpose of giving our members the advantage of dissecting. We have not as yet obtained our charter, which, according to the state law, is necessary before we can carry on this work, but the committee in charge, Dr. W. Blair Stewart, chairman, reports progress, and we hope to have things going by fall.

At our business meeting in January the following delegates were elected: Annual delegates to State Society, Drs. Jonah, Martin and Poland; delegates to county societies, Salem County, Drs. Carrington, Guion and Pennington; Gloucester County, Drs. Bew. H. T. Harvey and Shimer; Camden County, Drs. Davis, Harley and Schmidt.

Dr. E. H. Harvey was elected a member of the Board of Censors for three years.

Respectfully submitted,

Byron G. Davis, Reporter.

May 10th, 1913.

BERGEN COUNTY.

May 9, 1913.

Alexander McAlister, M. D.,

Chairman Committee Scientific Work, Medical Society of New Jersey.

Dear Doctor:—

I beg to report for Bergen County Medical Society a prosperous year. We have had monthly meetings with a fair average attendance.

The following prominent guests have honored us with addresses at different times: Dr. P. A. Harris, Paterson; Dr. Thos. N. Gray, East Orange; Dr. Henry D. Chapin, New York City; Dr. R. H. Sayre, New York City; Dr. S. Adolphus Knoff, New York City. Several of our members have presented papers and reports of cases. Three new members have been elected. There have been no losses in membership. Several members are on the delinquent list, but we hope to bring them back.

There have been no serious epidemics in Bergen County during the past year. Pneumonia and la grippe were prevalent during the winter months, and at the present time there is a widespread epidemic of rubella.

Respectfully submitted,

Fredk S. Hallett, Reporter.

BURLINGTON COUNTY.

Dr. Alexander McAlister,

Camden, N. J.

In reporting the condition of the Burlington County Medical Society I have very little to offer because I have only reported for the Journal since January, 1913.

The society is larger than it has ever been. In the past year we have added seven new members, making a total of forty-two on roll to date. Two proposals are before the society at present.

We have had our usual instructive meetings, the last in April which was the best and most largely attended since I have been a member. Dr. Newcombe of Browns-Mills-in-the-Pines had arranged a very interesting program which brought before the society Drs. A. P. Francine and H. R. M. Landis of Philadelphia. The addresses were entirely on the new methods of diagnosis and treatment of tuberculosis.

The health conditions of the county have been reported as satisfactory. Moorestown had an epidemic of typhoid fever during July and August, 1912. There were in all twenty-six cases reported. Mt. Holly Hospital reported twelve cases during January, 1913, coming from Roebing, N. J. The source of infection was traced in an old well, which when filled caused no more trouble.

We have had one death in the society during the year, Dr. Blair of Burlington. No resignations.

The society is in a flourishing condition.

D. F. Remer, Reporter.

CAMDEN COUNTY.

Dr. Alexander McAlister, Chairman.

The Camden County Medical Society held four regular meetings during the past year. Two of

these were given up largely to the scientific and literary programs; one was the annual social gathering in which "sweethearts and wives" are included, and the other the annual spring outing, when planked shad and outdoor sports hold the boards. The scientific and literary programs have been reported and published in the Journal, and need not be reviewed here. But, should only two scientific programs a year seem to some to indicate a lack of progress on the part of the Camden County Society, we may pause long enough to correct that impression. Before reaching any such conclusion it should be borne in mind that the Camden County Society is composed in large measure of the same membership as the City Medical Society of Camden, and this latter society meets monthly with a scientific program at each meeting.

There has probably been a little more than the average amount of sickness in Camden County this year. Last fall an epidemic of diphtheria became so serious in East Camden that the Board of Health was compelled to close some of the schools. The situation was soon got in hand, however, and normal conditions restored before there had been any considerable loss of life. This spring the county has suffered from a pretty general epidemic of measles and other children's diseases, while in the winter pneumonia seemed more than commonly prevalent. The city Board of Health has been zealous in its fight against the spread of these epidemics, and has had the hearty support of the society as a whole, as well as that of practically all of the members individually. The society went on record as favoring the establishment of a county bacteriologic laboratory, the better to facilitate the work of the board, and for the general service of the physicians of the county. The society has also given its support to the State Legislative Committee in its work.

Though some members of the society have been very seriously ill all have recovered, and there have been no deaths in the society this year. On the other hand three new names have been added to the membership roll.

It should be mentioned in closing that the annual meeting of the society has been changed to the October meeting so that the fiscal year of the society will agree with the calendar year, as desired by the American Medical Association.

Albert B. Davis, Reporter.

CAPE MAY COUNTY.

Dennisville, N. J., May 1, 1913.

Dr. Alexander McAlister,

Chairman Committee on Scientific Work.

Dear Sir:—

I herewith submit my annual report of the Cape May County Medical Society.

Our meetings have been well attended and excellent programs carried out. One new member has been elected, and we now enroll twenty-three out of the thirty-three physicians in the county. An earnest effort is being made to bring the entire profession into the society. A Committee on Red Cross Medical Work has been formed and an auxiliary organization known as the "Physicians' Protective Association of Cape May County" organized.

Grip and pneumonia have been the prevailing diseases of the county.

Very truly yours,

Eugene Way, Reporter.

CUMBERLAND COUNTY.

Bridgeton, N. J., May 14, 1913.

Dr. Alexander McAlister,

Chairman of Committee on Scientific Work,
Dear Sir:—

I herewith submit the report of the Cumberland County Medical Society for the past year. The usual four meetings of the society were held in July, October, January and April at Bridgeton, Millville and Vineland. Dr. James Hunter, Jr., of Westville, councilor for this district, was present at two meetings, at one of which he took up the question of beef inspection with especial reference to tubercular beef. Dr. Jos. Tomlinson, of Bridgeton, presented a full paper on The Dilatation and Curettement of the Uterus with report of cases and indications for the same with after-treatment. Dr. Frank T. Moore, of Syria and formerly of Bridgeton, gave a talk on the hospital and medical school work in this part of Turkey. The American College is producing physicians and surgeons superior to a number of the colleges in the United States.

During the year we had the pleasure of a meeting at the New Jersey State Home for Feeble Minded Women at Vineland with the exhibition of cases and a full discussion of the types presented to us.

Much of the time at the meetings is taken up with reports of unusual cases which are always interesting and instructive, and as a result the society meetings are successful. After the sessions we always have dinner, get acquainted with our guests, and separate, feeling that we have gained much by our intercourse.

During the year we lost one member by death, Dr. Francis F. Corson, of Bridgeton. We added to our number Dr. H. H. Fritts, of Shiloh, and Dr. Elber B. Peace, of Cedarville.

The annual meeting will hereafter be held in October instead of April, and the regular meetings on the first Tuesday after the first Monday of January, April, July and October.

We have just passed through a severe epidemic of measles with a small percentage of deaths for such severe cases that we met.

Sincerely yours,

Irving E. Charlesworth, Reporter.

ESSEX COUNTY.

Alexander McAlister, M. D.,

Chairman Committee on Scientific Work.

Dear Doctor:—

The past year has been in Essex County the most prolific in her history in medical activities and in presentation to the profession at large, either by society discussion or literary publication, of the fruits of this activity in scientific knowledge. The Essex County Medical Society approaches its centennial, having now finished its ninety-seventh year. The annual meeting was held on April 1, 1913, and was unusually well attended, 261 being registered. The year's work included five scientific meetings, the visiting speakers being Dr. Wm. H. Park, Capt. Phalen, U. S. A., Dr. E. W. Caldwell and Dr. A. C. Mandel. A change was made in the fiscal year of the County Society so as to bring it into harmony with that of the State Society, January 1st, the annual meeting to be held in October, thus bringing it in ample time for collection of dues and finishing the year's work by January. Receipts for the year were \$1,244.00, the assessment of the State Society \$791.00, other ex-

penses \$454.25, and present balance \$244.73. The year's dues will be \$3.00. Notable among the committee's activities were the investigations of the special committee on Treatment and Care of the Insane and Feeble-minded, Dr. Carl E. Sutphen, chairman, which, as only the beginning of its work, outlined the field to be covered. It was very suggestive of much in need of reformation and the committee was continued for another year of work and report. The Committee on Sex Education made a report through Dr. Lippincott, chairman, of co-operation with the special committee of the Newark Board of Health, which has a plan for a public clinic in the new building which will include provision for the Wassermann reaction and the reporting and registering of Syphilis. The committee's report chiefly was concerned with the prophylactic problem of educating the public, parents and children, in the subjects involved. The committee on Public Health Education reported a most successful year, having now found the best way of promoting the objects of the A. M. A. propaganda of mutual sympathy between the profession and the public wanting medical knowledge whereby the profession takes the responsibility of instruction and encourages lay organizations to ask them for lectures on desired topics. By the plan followed, large audiences were obtained and without expense to our society, indeed, one of the organizations which had an audience present of 700, paid the doctor who lectured \$150.00. The members of the medical profession should take an interest in finding audiences (ordinary meetings of lay organizations) which could be addressed on popular medical matters. Twenty-eight new members were received during the year. Two moving away resigned. From lack of any report from the Necrology Committee, there is no statement of deaths. Matters which received endorsement and the Society's approval were Fly Extermination, Extending Reform in Commerce in Dairy Products Other Than Milk, Resistance to any change in the present law providing for mosquito extermination, prosecution of illegal practice, prevention and relief of tuberculosis, the new medical law governing osteopathy, co-operation with the American Red Cross Society at times of public disaster. Altogether, the year marked advance in the county in scientific work, public and private, in popularizing the best that our profession stands for, and in bringing the members of the profession closer together in society activities.

The Essex County Isolation Hospital has had a busy year, the tuberculosis service for which a building was added last year, has been full and this year the building for the nurses' home has been in use. There has been not a case of small pox. Scarlet fever has been about as usual, but diphtheria has presented a problem in providing for an unusual number of "culture" cases; these being true infections but not cases of clinical symptoms; a significant comment on modern methods of prophylactic care against those "carriers" of infectious diseases which have become an object of solicitude in relation to public health as great, or greater, than the patients ill with the disease. This institution needs an awakened public sentiment to demand the accomplishment of a plan which the Board of Managers has made plans for, the building of wards for the various "mixed infections," the necessity for which became so urgent when, two years ago, one of the children's institutions asked, and in vain for a time, that

the hospital receive cases of diphtheria with measles.

The Society for the Relief of Widows and Orphans of Medical Men of New Jersey held its annual meeting in Newark. The reports showed a membership of 384, eight deaths, and eleven new members. \$2,399.00 was paid to beneficiaries, an average of \$286.00 to each recipient. The Society should have in each county a member especially imbued with responsibility for the membership in his county, that all men may learn the value of the advantages it offers.

Public health interests have been active and efficient, the different boards of health doing several things progressive and useful. Chief among these is the production of typhoid vaccine by the Newark Board of Health, which it offers to physicians free for use in the city just as it has long done with diphtheria antitoxin. Another move toward improvement in public control of contagious diseases is to be put in operation by the same board: a public clinic for syphilis (and gonorrhea) with provision for the Wassermann reaction as well as the bacteriological diagnosis. To this end blanks have been furnished for the physicians' report and reply. A wall card for posting in suitable public comfort and railroad stations is also prepared, which will counteract some of the evils of advertisements by quacks. The Newark City Hospital has invited any member of the medical profession, who wishes to, to attend the hospital operations or rounds and has systematized the work and issued notices, mailed to all county society members, giving the hours for each.

The several societies whose transactions show scientific work in papers read and practical demonstrations and discussions have maintained a high level of excellence. Many of them are for their own members and only when this reporter secures such a paper for publication do others see it. But some societies hold public meetings and the increasing audiences at such prove by their appreciation the wisdom of open medical meetings and of the widest possible discussion. It has been the pleasure of the reporter always to help publish such scientific proceedings and a gratification to see the developing interest by a larger number of men in open society work.

The Essex County Pathological and Anatomical Society have had a most successful year, in the very numerous specimens of great diversity studied, in the superior manner of their presentation, and in the wide interest elicited as shown by those taking part.

The William Pierson Medical Library Association has held its usual series of open meetings and had excellent speakers.

The Newark Medical League has followed the same plan of open meetings and had eminent visiting speakers.

The Academy of Medicine of Northern New Jersey has continued to develop in a very encouraging way in numbers and usefulness. The monthly meetings with full programs by the sections—surgery and gynecology, medicine, pediatrics, eye, ear, nose and throat have been replete with instruction and interest. The annual "anniversary discourse" was delivered in March by Mr. Frederick L. Hoffman, statistician of the Prudential Insurance Company, on "The Menace of Cancer." Dr. Edward J. Ill delivered the presidential address in May on "Obstetrics and Gynecology in the History of Our Race." The Academy offers a great opportunity to every

available man for bringing out his own experiences, submitting his own cases for discussion, and hearing other's accounts. It needs a large membership to fulfill the mission which it should and all are urged to join.

The Medical Library Association has continued developing a complete library, administered by expert librarians, with thorough indexes and cross references and is supplying a need for readers and research workers which they appreciate.

Respectfully submitted,

F. W. Pinneo, Reporter.

GLOUCESTER COUNTY.

The Gloucester County Component Society has held four scientific and one social session during the year.

Our meetings have been well attended, but no scientific work by any of the members has been brought to the attention of the society.

In November the meeting was held at the Home for Feeble Minded Women, at Vineland, at the invitation of the management. We were not only royally entertained, but received much practical instruction as to the methods employed in the care and treatment of those unfortunates, and as to their needs.

The following papers were read before the society during the year, and proved very instructive:

Dr. Pfahler, Philadelphia, X-Ray Diagnosis; Dr. Krusen, Philadelphia, Menstrual Disorders; Dr. Northey, Philadelphia, Serums and Antitoxins; Dr. Reber, Philadelphia, Strabismus; Dr. Beardsley, Philadelphia, Blood Pressure.

There have been no serious epidemics during the year. A few cases of diphtheria, scarlet fever and measles have been reported. Also rather more pneumonia than usual.

We regret the continued absence from illness of Drs. George E. Laws, Charles S. Heritage and E. T. Oliphant.

Dr. Campbell, of Woodbury; Dr. Fooder, of Williamstown, and Dr. Harris, of Mullica Hill, have been elected to membership.

H. A. Wilson, Reporter.

Woodbury, N. J., May 13, 1913.

HUNTERDON COUNTY.

Quackertown, N. J., May 10, 1913.

Dr. McAlister:

Please accept the following as the report of the Hunterdon County Medical Society for the past year:

At the October meeting of the society, Dr. Austin H. Coleman was elected to membership. Dr. Salmon gave a report of the results of the use of erysipelas and typhoid vaccines in his practice.

Dr. Sommer, of Trenton, gave a talk on Surgical Operations on the Aged, with reports of cases.

Dr. English, of Glen Gardner, read a very valuable and interesting paper on The Early Diagnosis of Tuberculosis.

The above were all freely discussed.

At the annual meeting the following officers were elected: President, F. Ashley Thomas, Flemington; first vice-president, H. M. Harmon, Frenchtown; second vice-president, A. H. Coleman, Clinton; secretary, O. H. Sproul, Flemington; treasurer, E. W. Closson, Lambertville; reporter, M. H. Leaver, Quackertown; delegate, George Henry, Flemington; alternate, L. T. Salmon, Lambertville.

Dr. George Henry presented a paper on Puerperal Eclampsia.

Dr. Armstrong, of White Haven, Pa., read an interesting paper on Tuberculosis. Both papers were freely discussed.

The society accepted an invitation to visit the State Epileptic Village on June 4.

Fraternally submitted.

M. H. Leaver, Reporter.

MORRIS COUNTY.

Dr. McAlister, Chairman:

The regular quarterly meetings of the Morris County Medical Society have been held; reports at length of all these have been published in the Journal and most of the papers read have been offered to the Journal for publication. It appears to me to be only a useless repetition to send copies of these reports that have already appeared in print.

Among our essayists have been Dr. F. H. Glazebrook, Morristown, a member of our own society, whose essay was entitled "A Discussion of Present Day Principles of Infant Feeding;" Dr. Carl R. Keppler, of New York, whose subject was "The Short Spica in the Treatment of Hip Joint Disease;" Dr. L. K. Henschel, of the New Jersey State Hospital at Morris Plains, also a local member, on "Paratyphoid Fever, with a report of a case;" Dr. Walter M. Brickner, of New York, whose essay was on "The Differential Diagnosis of Syphilis, Tuberculosis Tumors and Osteomyelitis of the Long Bones."

Besides these, addresses were given by the following local members: Dr. James Douglas, a "Report of an Unusual Case of Psoriasis Abscess." Dr. J. W. Farrow, on "Is the Press a Reliable Source of Information Relating to the Status of Medical Science?" Dr. Emma C. Clark, on "Is Medical Inspection of Our Schools a Farce?" Dr. John G. Ryerson, on "Are These Epochs of Typhoid Fever and Malaise Each of Twenty Years' Duration?" Dr. E. Moore Fisher, on "Are Institutions for Tuberculosis a Menace to the Community?"

The latter, as reporter, also sent to the New Jersey Medical Journal a lengthy article which was published in the October issue, which showed the numerous attacks being made on all the physicians in the county who were in favor of the resolutions the county society passed as in favor of a hospital for the tubercular.

The regular annual meeting has been changed from June to September as advised by the State Society.

Five new members have been elected to membership.

The Morristown Medical Club has met regularly each month.

During the winter a large number of persons, including several doctors, were treated for influenza, tonsillitis, some progressing to mastoid infection and quincy; one case of small pox has recently been reported.

E. Moore Fisher, Reporter.

OCEAN COUNTY.

May 5, 1913.

My dear Dr. McAlister:

The Ocean County Medical Society held its annual meeting on November 13, 1912, at the office of Dr. W. G. Schaffler, Lakewood, N. J.

Dr. O. A. Wood, Forked River; Dr. Fred Bunnell, Barnegat, and Dr. Frank Brouwer, Toms River, were elected to membership.

The following officers were elected: President, Dr. Lewis, Lakehurst; vice-president, Dr. Herbener, Lakewood; treasurer, Dr. Hance, Lakewood; secretary, Dr. Schauffler, Lakewood; annual delegate, Dr. Heron, Lakewood; reporter, Dr. Jones, Toms River.

Drs. Schauffler, Lawrence and Jones were made a committee to draft proper minutes on the death of R. L. Disbrow, of Toms River. The N. J. Pediatric Society was invited to hold its winter meeting in Lakewood.

Dr. Lewis read a very interesting paper on Stomach Diagnosis and demonstrated his methods. After discussing this paper and the epidemic of sore throat (not diphtheria) the meeting adjourned.

The spring meeting was held in Lakewood May 2, 1912, with a good representation attending.

It was proposed to bring before the meeting of the State Society the question of proper isolation, quarantine, treatment and disinfection of scarlet fever patients. A commission was appointed to look after the milk question in the county.

Sincerely yours,

R. R. Jones, Reporter.

PASSAIC COUNTY.

Paterson, N. J., May 10, 1913.

To Dr. Alexander McAlister.

Dear Doctor:—During the year the Passaic County Medical Society held the following meetings:

1. Annual meeting, April, 1912. At this meeting Dr. William Flitcroft, the retiring president of the society, gave the annual address. New officers were elected. Resolutions regarding the death of Dr. David T. Bowden were passed by the society. Dr. R. M. Curtis, the new president of the society, gave an address outlining his policy for the year.

2. May meeting held May 14, 1912. At this meeting Dr. Charles Keating was elected to membership in the Passaic County Medical Society. Dr. William F. Gutherson read a paper on "Antibodies."

3. October meeting held October 8, 1912. At this meeting Dr. J. J. Halinan was elected to membership in the Passaic County Medical Society. Resolutions regarding the death of Dr. Michael W. Gillson were passed by the society. A symposium on "Typhoid Fever" was presented to the society by Drs. William F. Gutherson, J. M. Stewart, C. H. Scribner and James O'Donnell.

4. November meeting held November 13, 1912. At this meeting the following "Symposium on Syphilis," was presented to the society: (a) The Laboratory Diagnosis of Syphilis, W. F. Gutherson, M. D.; (b) Syphilis of the Nervous System, I. Surnamer, M. D.; (c) Syphilis of the Eye, E. J. Marsh, M. D.; (d) Diagnosis of Syphilis, C. R. Mitchell, M. D.; (e) Treatment of Syphilis, George Fischer, M. D.

5. January meeting was held on January 14, 1913. At this meeting Dr. Philander A. Harris, of Paterson, gave a further report on twin drainage, with stab wound exits for the evacuation of bleeding and exudative spaces in abdominal surgery, with special reference to the use of such drainage for spaces occurring between tiers of sutures closing incision of the abdominal walls. Dr. Thomas A. Dingman read a paper on "Peptic Ulcer."

6. February meeting was held February 11,

1913. Dr. Francois Was was elected to membership in the Passaic County Medical Society. The following papers were read on "Appendicitis: (a) Medical Treatment, Dr. Jacob Roemer; (b) Surgical Treatment, time for operation, Dr. William Neer. Operative complications, (a) Ileus, Dr. W. W. McAlister; (b) Pulmonary Thrombosis, Dr. J. A. Maclay.

7. March meeting was held March 11, 1913. The following papers were read: (1) The International Ozena Investigation, Dr. W. B. Johnson; (2) Diagnosis and Treatment of Septic Peritonitis, Dr. B. H. Rogers.

8. April meeting was held April 8, 1913. The following papers were read: (1) Eugenics, Dr. O. R. Hagen; (2) Fads and Fallacies in the Treatment of Acute Gonorrhoea in the Male." Dr. C. R. Mitchell.

In closing I wish to say we have had a very successful year. The reason I have not made a complete report each month is that some members refused to allow their papers read in the meetings of the society to be sent to the Journal for publication. I am,

Yours truly,

T. A. Clay, M. D., Reporter.

SALEM COUNTY.

Dr. Alexander McAlister, chairman:

Dear Doctor:—Salem County Medical Society has held three regular and one special meeting during the year. All important papers have been sent to State Journal for publication. No epidemics have been reported. We have lost two members by death, Dr. Henry Chavanne and Dr. Charles L. Duffell, both of Salem.

We have admitted one new member, Dr. Claude W. Thomas, of Woodstown.

Yours very truly,

John F. Smith, M. D., Reporter.

Salem, N. J., May 9th, 1913.

SUSSEX COUNTY.

To the Chairman of Committee on Scientific Work:

Another year has passed in our county work, and there seems to be nothing of especial interest to report this year. We have held two special meetings this year, one in October, 1912, at Branchville, where we had a very interesting meeting in conjunction with the Morris County Society annual meeting. The other on April 29, 1913, at Newton, N. J. At this later meeting very interesting papers were read by Dr. Midgough Duning, of New York City, on the "Management of Ear Diseases in General Practice." This was very practical and generally discussed. Also an essay by Dr. T. Pooley, Jr., on "Importance of Eye Symptoms in Early Diagnosis of Tabes." An address was delivered by the president, Dr. Ayres, on "The Relation of County Medical Society to Medical Practice." There have been no epidemics of contagious diseases during the year. Although all the members of the society report a prosperous year. No deaths have occurred in the profession during the year. Two new members have been added to the society.

Yours truly,

H. D. Van Gaasbeek, Reporter.

"I've described my symptoms thoroughly, haven't I, doctor?" the patient asked.

"You certainly have," replied the doctor, "and I will give you something for your pains."—Lippincott's.

Facetious Items.

Appendicitis.

Said the would-be surgeon wise, as he rolled his solemn eyes,

"Cut it out."

Long ago it was an ache,

Inflammation, or a cake,

But now it is no fake.

He can see through a knife, and he warns you on your life,

"Cut it out; cut it out."

The saw-bones fresh from school muters, like a foolish fool,

"Cut it out."

If a cramp your rectus gripes,

Or a little wind in stripes,

Doubles up your sewer-pipes,

He repeats in accents wise, and no matter if he lies,

"Cut it out; cut it out."

If a little dinkey pain strikes your abdomen again, don't be rash.

Call a doctor you can trust,

One that's free from money-lust;

And if he says, "You must,"

Shut your mouth and grin and go where the pretty nurses grow.

Let an expert cut it out.

Dr. A. D. Hard, in Clinical Medicine.

Of the late Bishop Charles C. Grafton a Fond du Lac man said the other day:

"Bishop Grafton was remarkable for the neatness and point of his pulpit utterances.

"Once, during a disastrous strike, a capitalist of Fond du Lac arose in a church meeting and asked leave to speak. The bishop gave him the floor, and the man delivered himself of a long panegyric upon captains of industry, upon the good they do by giving men work, by booming the country, by reducing the cost of production, and so forth.

"When the capitalist had finished his self praises and, flushed and satisfied, had sat down again Bishop Grafton rose and said with quiet significance:

"Is there any other sinner would like to say a word?"—New York Tribune.

He—"My father weighed only four pounds at his birth."

She—"Good gracious! Did he live"—Exchange.

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MARCUS W. NEWCOMBE, M. D.,
Medical Director

A New Commandment.

A teacher in a big elementary school had given lessons to an infant's class on the Ten Commandments. In order to test their memories, she asked:

"Can any little child give me a commandment with only four words in it?"

A hand was raised immediately.

"Well," said the teacher.

"Keep off the grass," was the reply.

—New York Globe.

A badgering lawyer was examining a doctor in an assault case. He represented the defense, and the doctor testified that he treated the complainant for a black eye.

"What do you mean by a 'black eye?' " queried the lawyer.

"I mean," said the doctor, "that the complainant had received a severe contusion over the lower portion of the frontal bone, producing extensive echymosis around the eye, together with considerable infiltration of the subjacent areolar tissue."

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G. B. GALE, M. D., Medical Director

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RE-EDUCATION OF DISTURBED LOCOMOTION.

BY ALFRED GORDON, M. D.,
Philadelphia, Pa.

Neurologist to Mount Sinai Hospital, North
Western General Hospital and Douglass
Memorial Hospital.

In normal conditions the equilibrium of the body is due to a simultaneous contraction of almost all the muscles of the body in co-ordinate directions and amplitude. On the act of walking the equilibrium is constantly threatened with a break as various portions of the body are changing their relative positions and overstepping the centre of gravity. But thanks to the compensatory movements in which antagonistic portions of the body participate, the equilibrium is easily re-established. Compensatory movements are produced by contractions of muscular groups and in order to produce the latter it is necessary that the nervous system pass a cycle of stimulations corresponding on one hand to the extent of muscular contractions and on the other to the effect produced. This mechanism of equilibrium is observed in every physiological phenomenon of the human organism, such as circulations, respiration, calorification, etc. It is a general function of the nervous system and all the reflex acts participate in it.

Co-ordination of movements in particular is a regulation of muscular contractions. Any apparently simple movement is, at first glance, controlled by one certain group of muscles, but in reality groups of muscles lying even at a distance contract simultaneously. No matter how uncomplicated a certain given act may be, the co-ordination of a large number of muscular contractions is necessary. Take for example the act of

standing. This act is so simple as one may judge at first glance.

Co-ordination is dependent upon two main factors—first, nerve impulse to muscle groups; second, extent and rapidity of muscular contractions. They constitute all the elements of a reflex act. The latter controls the position of the eyes, of the head, of the trunk and consequently the functions of orientation and equilibrium, by means of unconscious or conscious adaptations of muscular contractions. This adaptation has always a particular purpose. Our conscious acts also enter into this category. In individuals affected with paralysis, reasoning efforts supplement sometimes the absent equilibrium; otherwise speaking, the afflicted individual places his cerebrum at service of cerebellum, which is the centre of equilibrium. This fact can be utilized to an enormous advantage in teaching paralytic, ataxic and all individuals whose muscular co-ordination is involved through some diseased process of the central nervous system, to perform orderly movements. Orderly movements mean voluntary movements. In such cases the volition can determine the choice of muscular groups and the extent of their contractions. If at first attempts the ataxic, the paralytic, etc., is incapable to select the desired muscles in order to counteract the effect of the diseased process which caused the disturbance of movements, repetition of attempts persistently kept up will eventually produce the desired results. The influence of the cerebrum on the course of movements does not require demonstration. Single movements and association of movements can be modified in direction, amplitude and combinations, also reproduced and initiated by the will, otherwise speaking, by command of the brain. The cerebellum, which is the chief organ for equilibrium, is ana-

tomically connected with the cerebrum and through the spinal cord with the peripheral nervous system. A lesion of any one of these portions will produce disturbance of locomotion. In diseases of the cerebellum and of the spinal cord producing ataxia or impairment of power of the limbs, the cerebrum can, under certain conditions, assist the organism in regaining some of the lost co-ordination or power. In such cases experience teaches that continuous and persistent practice or, physiologically speaking, repeated stimulation of the cerebrum for the purposeful acts eventually succeeds in recalling lost movements and in re-establishing equilibrium.

The first attempts to utilize this physiological phenomenon were made in 1820 in Sweden by Ling. But this was promptly abandoned as it was viewed with incredulity. In the last twenty years it has been rejuvenated. Frenkel in Switzerland, Leyden, Goldscheider, Jacob, Zabłudowski in Germany; Constansoux, Faure, Riche and Gothard in France, were the chief workers in this field. Presently it reached such a state of development that no neurologist can permit himself to ignore it. The re-education method of treatment in cases of disturbed locomotion became a necessity. But it must of necessity vary from one case to another as it depends on the nature of the malady. In tabes for example the ataxia does not depend upon the loss of ability for the muscles to contract. Here the muscular power is preserved. I recall Charcot demonstrating in his services of Salpetriere tabetics who carried on their shoulders other patients. In these cases it is only the relation of contraction of various muscular groups that is disturbed.

In hemiplegia of cerebral origin the musculature of the affected limbs is in a state of hypertonicity caused by an irritation or a lesion of the motor tract. In paraplegia or monoplegias of spinal origin the involved muscles are dependent upon the state of the pathological focus in the cord. In progressive muscular atrophies the loss of power is in a casual relationship either with the spinal cord itself or is independent of the cord.

In all these examples not only various factors enter into the condition of the disturbed locomotion, but the state of the muscular power and tonus are different. Consequently in attempting to re-educate weakened muscles or ataxic limbs one must take into consideration the nature of every given case and vary the details of his method ac-

cording to the degree and character of involvement. No routine exercises are applicable in every case. Moreover, in several cases of the same malady the method must vary from individual to individual, as other factors besides the state of the muscles and joints must be considered, such as the rapidity with which the patient becomes fatigued, the state of his mentality, as some are apt more readily than others to adopt suggestions, to be impressed by the importance of the procedure. The condition of the thoracic and abdominal viscera must be investigated before the treatment, as abrupt or violent exercises are counterindicated in diseases of these organs. One must therefore go more cautiously and more slowly in such cases than in cases with sound viscera.

A *sine qua non* in the method of re-education is the beginning with the simplest and easiest movements, as otherwise the patient will experience fatigue at the outset and no results will be obtained no matter how much one may persist in carrying them out. The latter is exceedingly depressing and discouraging to the patient who will soon abandon the treatment. Another important requisite is the slowness of practice. It means that until the patient has not mastered the first uncomplicated movements no new exercises should be taken up, as very frequently each following exercise includes some element of the preceding one and if the first is not entirely and well controlled, the next exercise will be acquired with great difficulty and perhaps never learned perfectly. It is a good plan and indeed it is necessary to repeat at each following seance the ones already acquired. In this manner the latter will be performed without fault and with such a degree of perfection that soon complicated movements will be acquired with great facility.

As to the frequency of the exercising it is a good plan to have daily sittings during the first two or three months of not less than fifteen or twenty minutes each. During this period the patient should perform the movements under the guidance of his physician, as it is highly important to correct promptly the slightest errors in his exercises. If not corrected, a faulty technique will be adopted and the subsequent complicated movements will be acquired with great difficulty. At the end of three months the patient is permitted to undertake new movements on his own initiative. It has been my experience that after thirty or forty first movements taught and learned thoroughly, the patient can safely com-

mence to perform exercises of a complicated nature whichever he chooses to take up. Once or twice a week it is advisable for him to perform them before his physician for the purpose of correction and of new suggestions.

As to the movements themselves, no stereotyped rule can be laid down. In my own work it has been my habit to vary them from patient to patient in different affections, also in various patients affected with the same disease. Not all tabetics, not all paraplegics have commenced the treatment in the same manner. I have to consider the degree of their ataxia or of their loss of power, the rapidity with which they get fatigued, their general health and their mental attitude. While in one tabetic I may begin with teaching the movements of toes, another tabetic may be taught first how to flex or extend his leg. While one paraplegic will learn first the act of sitting down, another will begin by laying down, etc. It is a question of judgment and discrimination in each individual case. Each patient has his own group of symptoms and consequently the treatment must be absolutely individual. If this principle is borne in mind and applied to each case, satisfactory results can be expected.

The treatment of re-education does not pretend to remove the organic lesion of the nervous system, as the latter is irreparable. It does not pretend to arrest forever the progressive degenerative condition in tabes, in cerebral softening, in myelitis or in poliomyelitis, but it claims to give the patient a possibility to orient himself satisfactorily among his surroundings. It claims to reduce to a minimum or at least to reduce considerably the loss of co-ordination in a tabetic, to assist the bedridden paraplegic in his efforts to move about without special aid, to enable the chronic poliomyelitic patient, whose muscles are progressively undergoing atrophy, to interfere with the rapidity of the morbid process and thus assist him in his efforts to dispense with aids in walking. The method therefore aims at a practical benefit. The patients become capable to orient themselves in the world, to earn a livelihood, to depend on themselves. Only those who have experience among the invalids suffering from chronic organic nervous diseases are capable to realize the burden imposed upon their families and the difficulties of life they create through their malady. A tabetic or a paraplegic whose lower extremities alone are involved, is able to perform work and

thus earn a living for his family, if he is rendered capable to leave his chair or his bed and thus dispense with the fatiguing, distressing and highly depressing continuous assistance which he is compelled to demand of his relatives. One of my Canada patients who is still suffering from a chronic affection of the cauda equina, who was obliged to use crutches, prepared himself to commit suicide, as through his grave malady he had to give up his partnership in a prosperous business, was compelled to stay at home and depend on the good grace of his none too kind wife and several children for being helped about his toilet. He was told by several men of the incurability of his affection and of its inevitable fatal result. This patient was induced by me to undertake a course of re-education movements. At the end of six months he was able to discard the crutches and presently, eighteen months later, he walks on the streets without any support whatsoever. He obtained a position as cashier in another business house and he is at work daily without exception. He is extremely happy and contented in spite of a certain amount of inability of his limbs and in spite of occasional shooting pain in the toes which are all to be expected in an incurable affection of the cauda equina. The man believes he has totally recovered. His spirits are exalted, he enjoys life as he tells me, not only because he can use his limbs but also because of the fact that he can attend to his needs himself and is no more a burden to others. The results of re-education in this particular case are really remarkable. Cases of this character, I have no doubt, occur in the practice of every neurologist who has the taste and patience to undertake work of this nature. The results are so gratifying to both the patient and physician, that it is urgent to adopt this method. Ignoring it means gross injustice to our patients. It is true that it is tedious, it consumes considerable time and one may not see results for weeks, but with persistence and especially when one is endowed with enthusiasm, favorable results will eventually be obtained. If only one considers the benefit derived by the patient from a physical and psychic standpoints such as mentioned in the above case, the efforts are worth while and the re-education method should be attempted in every case in which locomotion is disturbed.

The effect of the passive and active movements of re-education can be enhanced by massage. The latter modifies the vaso-

motor disturbances which are always present in the affected limbs, renders the local circulation and nutrition more active, reduces muscular and articular rigidity. Both procedures being combined improve the superficial and deep sensibilities as well as the sense of attitude and position. It is therefore evident that in every case under discussion re-education should be always associated with massage manipulations.

1812 Spruce street.

SOME INDICATIONS FOR CAESAREAN SECTION.*

BY EVAN T. STEADMAN, M. D.

Hoboken, N. J.

Perhaps it is a mistake for me to presume to bring the subject of Obstetrics before a Society, composed, as this is, largely of general practitioners, who see, probably, as many labor cases as I do. My excuse, if any be needed, is the large foetal mortality, also the maternal invalidism, resulting from the usual methods of procedure in caring for some types of abnormal labor. One authority, Zinck, of Cincinnati, has recently stated that outside of maternities, the foetal mortality, to-day, is as large as it ever has been.

Unlike disease, labor is a normal physiological function. Perhaps because it is so, and from the fact that most labors are natural, we are very apt to trust to Providence, and permit the patient to do the work if she can without paying much attention to position or relative size of the pelvis and foetus, unless forced upon us by accident. On the other hand, like disease, labor has its complications, and it is of these in their relation to Caesarean section that I venture to speak, hoping to gain information by discussion and criticism.

Up to a comparatively short time ago, the operation was employed only in those cases of positive obstruction in the parturient canal, where embryotomy is the only alternative. This is, comparatively, a rare condition in this country. There is, however, a class of borderline cases, where there is, perhaps, a slight pelvis contraction; or those with an apparently normal pelvis, with a disproportion between the foetal head and the pelvic inlet. This may be due to a faulty presentation; for instance, an occiput posterior, or an oversized foetal head. In either case the head refuses

to engage, in spite of active labor; frequently the cervix refuses to dilate; the family and patient demand that something be done. We allow our sympathy to get the better of our judgment, do a high forceps or a version, with frequently a dead baby; and in the case of a rigid cervix, get more or less laceration, while the woman, if she recovers, is more or less of an invalid. I know of no other condition in obstetrics that requires more judgment in deciding the proper procedure.

Perhaps a good test to apply in these cases is the Kerr-Muller, as suggested by Harrar of the New York Lying-In. He states that unless the head can be crowded down into the inlet, by pressure over the pelvis, without overlapping of the sutures, the Caesarean section should be done. This should be tried under general anaesthesia, and, I might add, with an empty bladder. Several cases of this type have come under observation recently, two of which will serve as illustrations:

Mrs. S., Hebrew, 22 years, primipara, came into hospital with hemorrhage and shock, after having been in labor 24 hours; attended by two physicians at her home, with attempt at forceps delivery. She was put to sleep. Examination showed perineal lacerations, portion of the posterior wall of the vagina torn off and protruding from the vulva; occiput posterior with head above pelvic inlet, and funis and hand in vagina; foetus dead. Passing the hand into the vagina revealed a posterior tear of the cervix, extending up through the posterior wall of the uterus into the peritoneal cavity. A perforation and cephalotripsy was the only thing to do. The patient died on the second day of peritonitis.

Mrs. G., Norwegian, 32 years, primipara, in labor 24 hours; attended by a midwife. A physician was called who applied forceps, with no result, at 2 A. M.; seen by him again at 7 A. M., when patient was sent to hospital. Examination showed a dead foetus with the head occiput posterior, wedged between the pubes, and a rather large sacral promontory. A perforation was done and the child delivered. The parietal bone was depressed where it had been wedged against the promontory. The woman died in 24 hours, of shock. To my mind, Caesarean section is indicated in this condition, just as surely as for a gestominor pelvis.

Although I have no figures, I venture the statement that nearly fifty per cent. of the

*Read before the Hudson County Medical Society, October 7, 1913.

foetal mortality is caused by the attempt to deliver, by the usual methods, in the condition just mentioned. My basis for this statement is the number of cases seen in hospital during the past five years, after attempted delivery outside.

I believe that much of this mortality would be avoided, if more careful examinations were made, at the beginning of labor. Presentation and position should be ascertained, and if the patient is in active labor, whether the presenting part descends, during uterine contraction. The pelvis diameters should be ascertained before the patient makes term. A good plan is to examine every patient not later than the seventh month.

Concerning puerperal eclampsia and the Caesarean, it seems to me to be the operation of choice for emptying the uterus safely and rapidly, where the convulsions occur at or near term, or during beginning of labor before the cervix has thinned out or dilated. Under the present methods of dilatation, there is always some laceration, no matter how careful we are, and we cannot get dilatation much larger than the ordinary closed fist, a diameter smaller than the unmolded foetal head, through which it is difficult to deliver the child, without more tear, and often a dead baby. The abdominal route leaves the parturient canal intact; the operation can be done in one-fourth the time, and the woman will suffer much less from shock, while the prospect of future pregnancy and delivery is not impaired. I do not mean to imply that all eclampsias should be treated by immediate Caesarean, however; but, wherever it is necessary to empty the uterus, the abdominal route promises the best results.

We occasionally see a patient who develops an eclampsia earlier than the seventh month. In such cases I would not recommend the abdominal Caesarean, but a delivery through the natural passages by the deep antero-posterior cervix incisions. Through these it is possible to reach a foot and deliver, perforating through the occiput, if necessary. Patients with old, deep, cervix lacerations running up into the vagina, as we often see them, after previous difficult labors, offer another indication for Caesarean section, rather than to attempt forceps delivery. One case of this class came under observation a short time ago in which there was an old scar, for which I was responsible, due to a forcible dilatation, for eclampsia, a few years ago. She became pregnant again and was subjected to

a high forceps delivery. The result was a dead baby, and more laceration. Still again she became pregnant and was anxious to have a live baby. She consented to a Caesarean and went home from the hospital with a baby in two weeks.

Obstruction by scar tissue due to laceration can be relieved only by a Caesarean operation. I have seen but one case of this type, a primipara whose entire cervix and vaginal vault was a mass of scar tissue with a pin-hole cervix, which could not be found until she was put in knee-chest position. By holding the vagina open with a speculum, I could see a pin-sized stream of amniotic fluid each time she had a uterine contraction. A Caesarean was done, in which a knuckle of intestine was found adherent to the uterine wall, and we discovered she had a ventral fixation. Although she was opened five days later for intestinal obstruction, she went home in four weeks with her baby, absolutely well.

Regarding placenta praevia as an indication for the operation there seems to be some difference of opinion. Occurring, as it usually does, in multipara, the cervix is more easily dilated, it is true; still there is great danger to both mother and child, particularly in the central variety.

Dr. Deaver, not long ago, in a discussion, gave his opinion that the Caesarean operation is indicated in every case; while Zinck and Edgar would limit it to cases of central implantation.

Personally, I have had no experience with the operation for placenta praevia as yet, but I am inclined to the belief that better results, both for mother and child, can be obtained by the abdominal route, in the central variety, while with the marginal condition, we can afford to rupture the membranes and pursue the expectant plan.

One indication mentioned by DeLee, is a prolapsed cord, where the cord cannot be replaced and where the mother and child are in good condition. A very short cord, or one made short by entanglement with the foetus, might be an indication for the operation, according to one authority. This implies an intra-uterine examination for diagnosis, which is no bar to operative procedure, if done under thorough asepsis.

The success of the operation depends not so much on the skill of the operator as on the absolute cleanliness of the attending physician in his vaginal examinations, and the early diagnosis of abnormal conditions.

As to the results of the operation, I would state that during the period from last

November to the middle of June, I have had the opportunity of observing the results on seven patients, for the various conditions mentioned, except in placenta praevia and prolapsed cord, with 100 per cent. recovery; whereas, under the old method 50 per cent. of the children, at least, I believe would have been sacrificed.

In conclusion, the citation of cases is not done in a spirit of criticism, but to illustrate that the Caesarean is at least as safe as the older methods of delivery in these various complications, and offers a far greater chance for the child with less invalidism for the mother.

SOME GENERAL AND SPECIAL POINTS IN DIAGNOSING IN INFANTS AND CHILDREN.*

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Diagnosing in infants and children cannot be made along the same lines as when diagnosing in the adult. Not only are diseases peculiar to this period met with, but also many which are met with in the adult; and in these, the mental picture of the symptoms complex in the adult does not hold true in the child, for while the same causes underlie disease in adult and child, the reaction to the cause by the adult cell differs from that by the cell of the undeveloped child, and as disease is the expression of this reaction, symptoms, being the expression of the disease, differ as to the reactions; an example of this is the convulsion of the child, which so often takes the place of the chill of the adult, at the onset of an acute disease.

Another difference in diagnosis is that subjective symptoms are unavailable in the infant and unreliable in the older child.

Still another feature is the paucity of history. This is obtainable, in infants entirely, in older children in large part, from parents, and as they are not trained observers, cardinal points are quite as frequently overlooked as recognized.

Fretfulness, fever, crying, restlessness, anorexia, malaise, peevishness, broken sleep, crossness are, one or more, common to all the diseases of infancy and childhood and tell only, by themselves, that the infant or child is not well. Yet, in the majority of cases, one or more of these

symptoms represent the history obtained from parents.

If we look to the older child for subjective symptoms, the "pain" complained of quite frequently proves to be a nausea or a simple discomfort, while its localization is quite as often astray as correct. A "stomach-ache" has a wide range, and may prove to be an uneasiness, a discomfort, or an actual pain, which and where, remains for the physician to discover. The same holds true of the "headache." The "sick stomach" often proves to be a pain or discomfort, located anywhere from the head to the feet. A not infrequent happening is to have the child say a "pain" early in the questioning, and later call the feeling a "sick stomach," with a correction by the mother, "you mean a headache." Vagueness and vagrancy are characteristic of the subjective symptoms of the child, and many times no symptoms at all can be elicited from questioning, and the parent can give no information in history or symptoms.

Paucity of history, vagueness and vagrancy of symptoms and lack of subjective symptoms are the basis for the general point. The approach to sick infant or child should be made with an open mind and with a wide outlook, and the attack on the diagnosis should be an exhaustive examination in every case, holding in abeyance the history of parents and subjective symptoms as given by the patient.

Posture gives a fund of information. The dorsal position with updrawn knees points surely to the abdomen, with possibilities of appendicitis, intussusception, a concealed hernia or a distended bladder. Occasionally a child with pneumonia takes this position; of this more will be said under special points. The dorsal position with semi-flexed legs suggests the joints and their vicinity; with legs alternately flexed and extended and, with contorted face, indicates intermittent abdominal pain.

The side position with legs drawn up and head slightly retracted, a curled up posture, is characteristic of tubercular meningitis and chronic hydrocephalus.

The side position with legs position normal, suggests pleurisy and pneumonia. In pleurisy, a change from the side to the dorsal position is suggestive of effusion. A one sided position of the head may be torticollis, a paralysis, or an accumulation of pus in the glands of the neck, in a tonsil, peri-tonsillar or retropharyngeal. Sitting Turkish fashion is characteristic of rickets and spinal fixation and sometimes

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of Pott's; while all can recall vivid pictures of the sitting position of dyspnoea. The abdominal position points to the back as the seat of trouble.

Head rolling always calls attention to the head, and ear or mastoid disease should not be forgotten.

The effect of change in posture should be noted. The child with pleurisy or pneumonia, lying on the side, often cries if the position is changed and any change in position, though slight, will excite pain and bitter crying in acute rheumatism, scurvy, Pott's disease, osteomyelitis and an over-distended bladder. A very significant observation is the expression of pain anticipated, on the face of a child with scurvy, at the approach of physician, nurse or parent, showing the dread of being handled.

Facial expression: This is more important as a source of information in the child than it is in the adult. All the varied expressions cannot be given in the limits of a paper such as this, and only a few frequently met with in the more common diseases will be mentioned, such as the tightly closed eyes and contracted forehead of colic, painful dentition and bladder pain. In contrast to this are the open eyes and retracted forehead of pneumonia and abdominal disease. It seems scarcely necessary to mention the apathy of face preeminently coincident with typhoid fever, and all are familiar with the anxious expression which accompanies the insufficient intake of oxygen, as seen in croup, in many cases of pneumonia and in the heart complications of scarlet fever and acute articular rheumatism.

An open mouth always attracts attention. A protest must be made against the snap diagnosis, "an open mouth therefore adenoids," with operation and dismissal of the case. In the majority of cases of rickets and cretinism the open mouth is present very early, and both frequently have adenoids, but the removal of these will not improve them nor shut the mouth. Adenoids do not cause an open mouth until they interfere mechanically with nose breathing. The open mouth of the rickety or cretinic child with adenoids, antedates this mechanical interference, and were this fact borne in mind, great good would result, for the deformities of rickets and the low mentality of the cretin can, in the one case be prevented, in the other be brought to a good degree of mentality; but to reach these results, in both cases treatment must be begun very early, and the

diagnosis stopping with "adenoids" has frequently postponed treatment until the time when the best results were impossible of attainment.

The Hippocratic face of severe abdominal lesions scarcely needs mention, except to point the fact that with early recognition of operable abdominal disease it will not be noted. The same point holds true of the facies of collapse and of an impending fatal termination of an acute disease.

Crying is one of the hardest points in diagnosis to interpret. A cry occurring only in connection with a cough will always call attention to the lungs. An intermittent cry with facial contortion suggests colic and some abdominal lesion causing intermittent pain. Occasionally trouble in the ear gives intermittent pain, and in this instance the cry will be intermittent. Appendical pain is sometimes colicky in character and accompanied by intermittent crying. Mastoiditis, if not accompanied with constant crying, will show some evidence of continued discomfort. The same holds true of the different meningites, the discomfort or pain showing by a continual whine or moan, punctuated by severe crying spells. If the cry occurs only on handling, rheumatism, scurvy, rickets and other acute conditions of joints, spine or limbs will be suggested. If the cry is in connection with bowel movements, there may be a simple indigestion, a severe enteritis, or it may be due to a constipated movement, or a lesion of the anus. Crying with micturition should lead to examination of the penis as well as of the bladder. If crying occurs before or during feeding, the stomach is the probable seat of trouble.

General Appearance. I can only refer you to any good text book for the abnormalities of dwarfism, hyperthyroidism and the localized flaccid and spastic paralyses, also for anomalies in skull development and changes in the shape of the thorax, hands and feet, mentioning only the square head, open fontanelles, rib rosary, enlargement of the epiphyseal ends of bones and protuberant belly of rickets; and the wide nostrils, wide apart eyes, scant hair and lack of eyebrows, and open mouth of the cretin.

Age incidence is often of much value in the effort to arrive at a correct diagnosis. That of tuberculous meningitis is from two to five years. Under six months of age a meningitis is apt, by a ratio of two to one, to be other than tuberculous. Rheumatism is rare under three years of age and is

negligible under two; the favorite age is from five to nine years. Rickets is a disease of the last half of the first to the end of the second year, by preference. Scurvy is most frequent from the last half of the first to the end of two and one-half years, and never occurs under five months; this fact is of value in making a diagnosis between this disease and syphilitic epiphysitis, which last evidences itself under three months. The age incidence of anterior poliomyelitis is pronouncedly the second and third years. Habit spasm, often diagnosed as chorea, is uncommon in infancy and early childhood, the great majority of cases occurring after the sixth year.

Seasonal incidence. It is well to bear in mind that anterior poliomyelitis is a disease of the late summer lasting into late fall; that September, October and November are the months in which we meet catarrhal jaundice; that from the middle fall to late spring is the time in which occur the majority of follicular tonsillitis, rhinitis and influenza cases, all causative factors in ear and mastoid disease.

Fever. The onset and behavior of fever is of great value. Those diseases, commonly met with, which have an abrupt beginning with rapid rise to a high point, and continuing high for some days are: lobar pneumonia, primary broncho-pneumonia, gastro-intestinal diseases, otitis and mastoiditis, scarlet fever, measles, influenza, acute articular rheumatism, catarrhal jaundice, post-pharyngeal abscess, pleurisy, as a rule, acute nephritis and some cases of pyelitis. Those of the same type less commonly met with, are osteomyelitis, erysipelas, cerebrospinal meningitis, the complicating meningitis of infectious diseases and some cases of anterior poliomyelitis.

Those having an abrupt onset and rapid rise, but with short duration and rapid fall, are malarial attacks, sepsis, active tuberculosis, ulcerative endocarditis, some cases of gastro-intestinal trouble and Hodgkin's disease. Those with a gradual rise, of which typhoid is typical, will include all the diseases not mentioned in the other types, and not infrequently pyelitis and pleurisy.

Important points to bear in mind are, that diphtheria and appendicitis are more often accompanied with a moderate than with a high fever, and that broncho-pneumonia, secondary to a bronchitis or an infectious disease, is more apt to be insidious than abrupt.

Laboratory findings. The mistake is often made of making a diagnosis on lab-

oratory findings alone. Negative reports are not infrequently accepted as final in suspected diphtheria, typhoid and tuberculosis, and on many occasions the absence in the report of a classical blood count, has stopped the search for an inflamed organ or for a focus of pus. The negation may be due to the improper taking or preparation of specimen; to the facts that the Loeffler bacillus is more apt to be imbedded in or beneath the membrane than on the surface—which accounts for the negative primary and positive final report—and that the Widal reaction is never present in the first two weeks of a typhoid; or it may be due to the forgetfulness of the facts, that the infant has a high leucocyte count, with the percentage of lymphocytes relatively large, and that from four to fourteen there is a relative decrease in the percentage of polynuclear neutrophiles, making a change in the percentage toward or to that of the adult, at least suggestive, or finally, the negation may be due to the examiner failing in patience of persistence in the hunt for bacilli. I have had returned a negative report in the presence of a dull chest and wide up and down swing of the temperature curve, and later demonstrated pus with the needle; and have had repeated negative reports returned, and later had the autopsy disclose the tuberculous kidney, suspected when the urine was sent for examination. As an aid to diagnosis the laboratory is invaluable, but its findings are of value only when interpreted together with clinical findings, and as there are so many possible sources of error, a negative report should not be allowed to brush aside clinical findings, meagre though these may be; especially is this true of a single negative report.

A relative increase in lymphocytes is present in typhoid, scarlet fever, measles, rickets and haemophilia.

A broad generality to remember is, that leucocytosis is not present in stomach and intestinal inflammations, so in the face of what looks like stomach or intestinal lesion, if there is a leucocytosis, make a search in other directions. This is an example of positive finding. For myself I have adopted this proposition—the laboratory is positive positively, but not positive negatively.

Percussion. The most truthful percussion is elicited by a light stroke. Over both lungs there is a relative dullness in young infants extending from the fourth rib to the liver dullness on the right side, and to the cardiac dullness on the left. On

the left side this dullness is more pronounced over the inner third. Examination by percussion should be made inch by inch, and with the child laid across the mother's or nurse's knees.

Auscultation. The child should be laid over the shoulder of mother or nurse. No one can hear, without a chance of error, in the bent over position. The expiratory sound is more intense on the right side beneath the clavicle in front and over the spine of the scapula behind, than on the left. When in doubt as between exaggerated puerile and bronchial breathing, exaggerated puerile is more marked on inspiration, bronchial breathing on expiration. Bronchial breathing can almost always be heard over the site of an effusion. The most common errors made are to mistake exaggerated breathing for bronchial, and to exclude pleurisy and empyema because bronchial breathing is heard over the dull or flat area.

Vomiting. This occurs in more diseases of infants and children than does any other symptom, and by itself has very little diagnostic value, outside disturbed digestion in the nursing infant and during the progress of a difficult feeding case. No physician would let the diagnosis of scarlet fever rest on the presence or absence of vomiting, and it is not even constant in the condition called recurrent or cyclic vomiting; this condition is a toxæmia and has the syndrome of an autointoxication, of which vomiting is one symptom; and this is occasionally absent, as any one symptom of every syndrome may be. The only conditions, outside those of disturbed digestion or feeding, in which by itself, vomiting has a diagnostic value are, when projectile, cerebrospinal and purulent meningitis being excluded, it is strong evidence of pyloric stenosis; when the vomites contains blood or fecal matter, it is in the one case, in favor of ulcer of the stomach, in the other it establishes intestinal obstruction.

Reflexes. The patellar reflex—the most useful of the reflexes—is of value in interpreting organic change in the cerebrospinal system. These this paper will not discuss. It is exaggerated in the various meningites, and is therefore of no value in making a differential diagnosis between them. In the “meningismus” of the acute infections it is diminished, as a rule.

The Babinsky is common to all forms of meningitis; Koplic observing it as more constant in the tuberculous than in the others. It is normal in children under two

years of age. Kernig's sign is commonly present in all forms of meningitis, and in the “meningismus” of the infections.

Special points. No infant or child can be properly examined unless stripped, for then only can inspection of chest, abdomen, limbs and spine, palpation, percussion and examination of chest and abdomen and auscultation be accurately done.

If the patient is awake at the time of the first examination, arrangement must be made for an examination when it is asleep, for only then can the pulse and respiration be properly observed, and intelligent inspection, palpation, percussion and auscultation be done. The examination should be exhaustive, and should not stop if a lesion is found early.

Certain diseases are often overlooked in their incipency, the time when therapeutics is of most value.

Rickets. The picture in mind with many physicians, is that of a pot-bellied, bow-legged child; this is a picture of end result. The time for recognizing this disease is long before, when, if recognized, these end results can be prevented. It must be borne in mind that rickets is not a disease of bone alone. Long before the appearance of the enlarged epiphyses and rib rosary, pot-belly and bow-legs, the following symptoms should at least excite suspicion: fretfulness, persistent head sweating, poor or restless sleep, lateness of dentition, slow close of fontanelles, especially if with these there is a history of convulsions, of attacks of laryngismus stridulus, of frequent attacks of indigestion, or of frequent colds.

Scurvy. This is frequently overlooked or treated as rheumatism. In this, too, the mental picture is apt to be one of end result; preceding this by some time there has been an ill-nourished anaemic child, with no hint of tumefied, bleeding gums, of ecchymoses from slight cause, or of pain of the limbs; when questioning would have elicited the history of a patent food or condensed milk fed baby, or of a long continued improperly adjusted or sterilized food; which should bring the possibility of scurvy to mind. Later, when the characteristic periosteal condition is present, and the child cries bitterly on being handled, is the mistake made of diagnosing the condition as rheumatism. The age incidence of scurvy you will recall as from six months to two and one-half years, while rheumatism is negligible under two years; further, the child with rheumatism is taken sick, as a rule, in the flush of health and always has a

fever, often high, while the pain in the limbs of scurvy follows a period of ill condition and anaemia, and fever is only occasionally present and never high, except through a complication. The location of the pain of rheumatism is in the joints and immediately around them, and the joints are usually swollen, red and hot; in scurvy the joints are not involved, the hemorrhage being along the shaft of the bone, approximating the joint but never involving it. Surely the error in diagnosis is due to lack of observation.

Rheumatism. That form in which the child complains of "growing pains," or which gives a history of more or less frequent attacks of stiff neck or of tonsillitis. It is through neglect of these cases that later the children show evidences of peri- and endo-carditis, and develop chorea.

Anterior Poliomyelitis. The pictures most prominent are of a child going to bed well and after a few hours of fever a paralysis, and of one with the paralysis appearing after but one or two days of fever. There are two forms, however, in which the paralysis may not appear for from four or five days to two weeks after the beginning of the illness, and I give them for the reason that it is claimed the exhibition of urotropin in these cases will have some success in preventing paralysis. The first is the polyneuritic type, simulating grippé; the other is the diarrhoeal form, simulating intestinal disturbance. Seasonal incidence should be born in mind when these types are met with. The beginning of that of poliomyelitis is the late summer, that of grippé is late fall and diarrhoeal conditions are infrequent in the late summer, and still less frequent in the middle and late fall. The seasonal incidence, as between poliomyelitis and grippé, after the late fall is the same, but a failure of the grippé to yield to treatment should excite suspicion.

Appendicitis. Not infrequently passed by with a diagnosis of colic, disturbed digestion, or because of a history of a diarrhoea, although the posture has been in nearly every case typical of abdominal inflammatory lesion. A history of diarrhoea does not preclude an appendicitis; and every child past two years of age, which gives a history of recurring attacks of colic or of indigestion, no matter of how short a duration, should be examined with the object of establishing or rejecting a possible pathological appendix.

Nasal diphtheria. Many have had the

experience in a home of one or more cases of diphtheria, where a history of another child having had a "cold in the head," which cold was rather obstinate and was accompanied by marked languor. Within a short time back I saw a child with a paralysis diagnosed as infantile, which proved to be post-diphtheritic, and the history obtained was of a "cold in the head," with a heavy discharge and a fever for some days. Although a post-diphtheritic paralysis is not common after a nasal diphtheria, this, when it does occur, might be forestalled if a culture were taken when a cold in the head proves obstinate, or in which the fever persists for two or three days, and as well, such a procedure will save one from the pitfall of an undiagnosed diphtheria.

Otitis Media. It is axiomatic that the earlier the evacuation, the less the danger of mastoiditis. I confess that an accumulation of fluid in the middle ear is often impossible to demonstrate. I have heard men talk glibly of the bulging drum, but I know that I have never been satisfied that I have had a real look at an infant's drum, and I have made many attempts. My experience has not as yet given me any diagnostic point in those cases in which there is no pain and no rolling of the head. Exclusion of other causes for the fever, and a reference to the ear specialist, who can, if any one can, see the drum, is the only course to pursue, and this procedure will sometimes fail to result in a positive diagnosis.

Pyelitis. This disease is less frequently overlooked than it was prior to two years ago. It is not an uncommon disease, and in a case with fever and no other discoverable symptom, in which the fever may run anywhere from 100 to 104 or 105, with, in some instances an up and down swing, sometimes intermittent, sometimes a uniform morning and evening height, and for which thorough search fails to find cause, bear in mind pyelitis, especially if the fever develops after an acute illness, giving the impression of a relapse or recrudescence, particularly if the primary illness has been a diarrhoea; more particularly if the fever is accompanied by a striking pallor; more particularly still if the patient is a girl.

Pleurisy and Empyema are often unrecognized because bronchial breathing is heard over the dull area. The text book teaching of absence of breath and voice sounds over the dull or flat area in the presence of an accumulation of fluid in the

pleura, is misleading, as it is a very common occurrence to hear both; but palpation will always show absence of vocal fremitus and the tape measure will almost always add testimony. Again, effusion has in many instances been diagnosed as unresolved pneumonia. Children meet pneumonia vigorously, and clear up the lung at an earlier day and more rapidly than do adults, and an unresolved primary pneumonia in a vigorous child is too fanciful to be entertained as a possibility; and if a diagnosis of pneumonia has been made, because bronchial voice and breathing have been heard, a failure of the "pneumonia" to clear up by the tenth day as the latest, the hypodermatic needle should be used.

Pneumonia, as far as rational signs are concerned, is not infrequently overlooked; a critical sweat and rapid convalescence, after from three to five days of fever, opening the physician's eyes. These cases do not have over thirty or thirty-two respirations to the minute, scarcely more than would be expected to accompany the fever, thus not showing the invaluable sign, loss of ratio between pulse and respiration, the chest in consequence escaping examination unless the physician is one who makes an examination of the chest a routine. Another type has the same low respiratory count for a day or two, when it increases by jumps to forty, fifty or sixty, and the chest examination neglected during the first two days is scarcely needed, except to locate the inflamed area.

In the first type a small area of lung is involved and the child's resistance confines the inflammatory process to this. In the second type the consolidation starts deep in the lobe, with adjacent tissue involved gradually or rapidly, until surface lobules are reached. An inch by inch search, in both types, would in the majority of cases, somewhere, most frequently high up in the upper lobe or deep in the axilla, reveal a characteristic percussion note or respiratory sound; or some alteration of the respiratory sound which would excite suspicion, would be heard. In both these types, too, close and long observation would disclose an occasional dilatation of the alae nasi or a longer or shorter period of expiratory effort.

Differentiation. There are some diseases which in children closely parallel each other in symptoms, or which take to themselves a symptom or symptoms of some other disease, which causes an error in diagnosis. Some of the most common will be dis-

cussed. Pneumonia and appendicitis have conflicted in many instances, by reason of the child complaining of a pain which it locates in the appendix region, often with this there is an apparently corroborative muscular rigidity. In the cases in which a pneumonia has been diagnosed as an appendicitis, had the fact of the unreliability of pain localization by a child been in mind and had close all-round observation been exercised, the rise of respiratory count above that coincident with a rise in temperature, the steady or intermittent dilatation of the alae nasi, the occasional respiratory grunt, the too high temperature for an uncomplicated appendicitis, or the loss in ratio between pulse and respiration, one or two of which symptoms were surely present, the child would not have been brought to the operating table where a more open-minded observer discovered the real condition. The pain in these cases is often really in the right lower abdomen and is evidently a referred pain from the pleura through sympathetic and spinal ganglia, while the rigidity is not confined to the rectus but is more general, due to an effort to hold the diaphragm and limit its motion, and so curtail the pleural friction.

Typhoid fever in children is more often atypical than typical, and the early stage of this disease, miliary tuberculosis and tuberculous meningitis have often such a paralleling of symptoms that a diagnosis by clinical symptoms is impossible; and before the day of the laboratory the diagnosis was not made until rose spots, rapid emaciation, or pronounced head symptoms with slow pulse and respiration cleared up the obscurity. At the present time the demonstration of the typhoid bacillus in the blood, of the tubercle bacillus in the sputum, or a lumbar puncture quickly simplifies the diagnosis. If, as is claimed, the typhoid vaccine lessens the liability to accidents, complications and relapses, a diagnosis made early through the finding of the typhoid bacillus, would result in its administration through the ten or more days of general malaise, slight headache, occasional cough and temperature curve of no value.

Scarlet fever is often unrecognized, and the converse, diagnosing as scarlatinal some other rash, is frequent enough to cause comment. A great many of the cases of damaged heart valves discovered at an older age, go back to an unrecognized scarlet fever for their etiology, and a large percentage of damaged kidneys met with in young manhood and womanhood do the

same thing. I have been consultant to the Essex County Isolation Hospital since its establishment, and consultations in which scarlet fever has been in question, have been more than for the other diseases admitted to the hospital combined, and 50 per cent. of these cases have been some other rash than scarlatinal, the children being kept under observatⁱon for six weeks.

The stumbling blocks in the majority of these cases have been German measles, streptococcal angina and toxic and serum rashes, in the order named.

The diagnostician does not live who will not make some errors in differentiating scarlet fever. No one symptom is reliable. Adenitis from other causes is so common that swollen glands are negligible. The rash is so frequently atypical as to place it aside as a diagnostic symptom. The one symptom which can be relied upon is an angina with a punctate rash, vivid in color, covering the arch of the palate, the palate itself and running forward on the roof of the mouth. When this condition can be demonstrated, even if not so striking in appearance, the case is one of scarlet fever in the face of the most atypical rash or even no discoverable rash. But cases occur in which the angina is mild in type and unhelpful, which future happenings prove to have been scarlet fever.

I have not as yet been able to stake my diagnosis on the presence or absence of the inclusion bodies first described by Dohle, of Kiel, and later investigated by Nicoll, Williams and Kolmer in this country. They have been found to be absent in some light cases of scarlet fever and pronouncedly in evidence in streptococcal angina. One of the most, if not the most, difficult questions to solve is, scarlet fever rash, with a moderate angina and no demonstrable mouth rash, diagnosed sometimes as German measles, sometimes as scarlet fever, and it is in this type that the inclusion bodies sometimes fail to show. In the presence of the question: scarlet fever or a severe streptococcal angina, the only safe course to pursue is to treat the case as one of scarlet fever by isolation, with watchfulness of heart and kidneys. It is very exceptional when a toxin or serum rash does not give some lights to aid diagnosis.

Diphtheria in the great majority of cases is easily and surely diagnosed, but all can recall cases diagnosed as follicular tonsilitis, which have been followed up by one or more cases of diphtheria in the home; and many can recall the humiliation of the post-

diphtheritic paralysis following the case of follicular tonsilitis. The difference in temperature—as between the two—as a rule the tonsilitis carrying a high and diphtheria a low—is of value, but the fact that so many cases have been wrongly diagnosed makes necessary for perfect safeguarding of patient and family, repeated cultures in every case of what is diagnosed as follicular tonsilitis.

THERAPY OF THE INTERNAL SECRECTIONS.*

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I will present to you the subject of the internal secretions from a therapeutic standpoint because, as active medical practitioners, therapeutics appeal most strongly to us, and because largely as a result of the therapeutic possibilities of these interesting chemicals, the family physician is coming into his own again after having been for a score of years nearly crowded out by this, that and the other specialist. Their ease of administration, the necessity for long continued treatment and observation, and above all, the intimate acquaintance that makes possible a proper diagnosis, makes therapy by the internal secretions especially a field for the family physician. Leonard Williams says: "To-day and to-morrow and the day after are fore-ordained to the physiologist, the physician and the therapist. Their hour has come through the agency of the internal secretory glands which already unfold before the astonished view of the seeing eye, a land of promise beside which the vast territories conquered by Lister and Pasteur are destined to pale into honorable insignificance. The ductless glands and their hormones come to us as peaceful conquerors who brook no denial. They lighten our darkness and show us miracles. In studying them and endeavoring to unravel their intricate and esoteric mysteries one seems ever and anon to be on the trail of the Great Secret and in danger of losing one's mental perspective."

That we have escaped from the threat of therapeutic nihilism of a quarter of a century ago, and are entering upon a therapeutic era where optimism reigns supreme, is due in a great degree to what we have learned concerning the chemical principles

*Vice-Presidential Address read before The Tri-County Medical Society at Morris Plains, N. J., October 14, 1913.

secreted or formed within the body itself, and their influence in health and disease. One group of these chemical principles is made up of the antitoxines and defensive proteids in general produced by the body as a reaction against an invader but not produced during health. Another, and more important group, comprises the internal secretions which are produced both during health and disease by the ductless glands and to a less degree by other parts of the body. The parts of the body known to give internal secretions to the blood are the thyroids, adrenals, parathyroids, pineal gland, pituitary gland, thymus, pancreas, spleen, parts of the intestinal mucosa, testicle, ovaries and mammary glands. The therapeutic possibilities of the internal secretions are so far reaching that a narrative of them seems like a succession of fairy tales. For instance, a child can be made to gain weight at twice, thrice or even six times the normal rate and to grow in height at the rate of an inch a month! Or a patient may be made to lose weight at the rate of three ounces a day! A confinement in which pains have ceased can be brought to a finish in twenty minutes! A patient that has not had a natural bowel movement in many years can, by one dose of the proper internal secretions, be caused to have natural passages for 6 months thereafter! And above all, many diseases, otherwise incurable, can be treated with every hope of a final cure. All of these results and many others just as noteworthy can be brought about by the use of this comparatively new method of dealing with abnormal bodily conditions.

There can at present be no doubt that the effect of the internal secretions on the general welfare, nutrition, growth, shape and beauty of the body are more potent than all other influences combined and that an abnormality of even one of the internal secretions may result in the most serious pathological changes, affecting the whole system, and even causing death. In searching for active principles in the ductless glands, Takamine and Aldrich, working independently, discovered in 1901 the active principle of the adrenals which has since been formed synthetically in the laboratory. For a long time its use was empirical. It was not until 1907 when Startling published an article on "The Chemical Co-ordination of the Activities of the Body," that the way was opened for a proper understanding of the internal secretions and for their scientific application in therapeutics. He con-

ceived of the internal secretions "as substances produced often in the normal metabolism of certain cells, of definite chemical composition, and comparable in their chemical nature and mode of action to drugs of specific action, such as the alkaloids" and since these secretions excited activities in distant parts of the body he proposed a special name—hormones—for the class from the Greek for "I excite."

The conception of action at a distance in the body by chemical messengers carried by the blood, instead of by messages carried by the nervous system, was new and startling and has opened up an entirely new field for physiological and pathological investigation.

From an evolutionary standpoint this method of co-ordinating the various functions of the body is far older than co-ordination by the nervous system. The vegetable kingdom and the lowest forms of animal life have no other way than the chemical one of co-ordinating their functions. The development of a nervous system came later, but, as we now know, did not displace the older original method of co-ordination. The action of the internal secretions on distant parts of the body may be either such as to stimulate new growth and activity or such as will inhibit activity. In other words the action is precisely such as we have always attributed to nervous influence and, in fact, have thought to be nerve action until recently. This stimulating or inhibiting action is exerted also on other internal secretions. Thus the internal secretions of the breasts and ovaries are mutually inhibitive. The thyroid and the adrenals stimulate each other and yet in their influence on the rest of the body they counteract each other. The action of many drugs, particularly the alteratives, is now explained by their influence on the internal secretions. For instance, calcium cannot be assimilated without the influence of the thyroid secretion, which in turn cannot be produced without the presence of iodine. Hence small doses of the iodides may increase calcium assimilation sufficiently to prevent or cure a tubercular process or to cure an anaemia. Diesing believes that the pituitary regulates the supply of phosphorus in the blood, the thyroid that of iodine, the thymus arsenic, the spleen iron and the adrenals sulphur.

In presenting the therapeutic possibilities of the individual internal secretions I shall have to make use of a few dogmatic statements concerning their accepted physiologi-

cal action in order to render logical the uses mentioned. It is to be noted that the use of internal secretions is quite different in both theory and practice, from organotherapy as heretofore understood. In organotherapy usually some preparation of an organ is given to cure a pathological condition in a similar organ. In therapy by the internal secretion of an organ we usually depend on its stimulating or inhibiting action on an entirely different part of the body. Organotherapy was empirical, illogical and uncertain of results and has been almost completely laid aside everywhere except in France, where *opotherapie*, as they call it, still has a vogue. The active principles of the internal secretions resist heat and even boiling and are not changed by the gastric juice. Hence they may be given by the mouth as well as hypodermically or intravenously. Thus their ease of administration appeals to their use in general practice.

The internal secretion of widest use in therapeutics is that furnished by the thyroid gland. The particular function of the thyroid is to control metabolism with all that that implies. When it concerns proteid metabolism it determines its development to a point beyond the stage that permits the formation of uric acid. Hence in all conditions dependent on uric-acidemia thyroid gland in small doses will be found of great benefit, namely, rheumatism, gout, neuralgia, asthma, eczema and tonsilitis. The stimulated metabolism enables the body to make use of the food ingested. Growth and development are encouraged, a condition of well being is brought about and altogether a most favorable influence is exerted in a large class of cases that may not complain of any particular disease. In the case of children who are pale, under weight, with bad teeth, enlarged tonsils, and possibly adenoids, you will see a quick change for the better on the administration of $\frac{1}{2}$ grain of desiccated thyroids twice a day with or without ordinary tonics. Adenoids are an indication of hypothyroidia. You have all observed the gradual disappearance of adenoids and enlarged tonsils with the advent of puberty and its attendant increased thyroid activity. Weight will be added to a growing child at several times the normal rate. A gain of seven inches in six months has been observed as a result of thyroid therapy in a young man desirous of entering the army. Thyroid extract has a stimulating effect on calcium metabolism determining the health of the teeth and

bones and assuring the coagulability of the blood. The acme of poor nutrition is found in rickets and in this disease you will see a child so weak that he cannot walk slowly gain strength and health under the administration of 1 grain twice a day of desiccated thyroid. If large doses of thyroid are given, metabolism is increased beyond normal; tissue is destroyed and bodily weight is lessened. Thus 1 grain or in extreme cases 2 grains of desiccated thyroids, taken three times a day, will cause excessive fat to disappear, to the great satisfaction of both patient and physician. A very low activity of the thyroid causes cretinism in children and myxedema in adults. In cretins thyroid administration comes as near to working a miracle as anything to be found in medicine. A cretin under thyroid therapy makes the growth and development of many years in as many months. Small doses of thyroid will cure many cases of nocturnal enuresis while large doses may cause the same condition. By its stimulating effect on the nutrition of the skin it has cured some cases of carcinoma. The thyroid quickly renders acid saliva alkaline and thus tends to prevent dental caries. The most important contribution to therapy by an internal secretion is the treatment of nephritis as recommended by Percy. He has shown that 20 to 30 grains a day of thyroid extract will in from four to six weeks cause a total clearing up of the urine in the average nephritic; that the urine will increase in quantity, the solids will return to normal, the albumin and casts disappear, the blood-pressure will be lowered and the local and general symptoms, grouped under the terrible name of Bright's disease, will vanish. The placental and thyroid internal secretions are antagonistic. If for any reason the placental secretion overbalances that of the thyroid there will develop some or all of the symptoms of thyroid insufficiency, one of which is albuminuria of pregnancy. This heretofore dreadful condition yields readily to doses of thyroid extract or substance. Less serious results following insufficient thyroid activity during pregnancy are poor nutrition of mother or foetus, miscarriage and the beginning of a chronic interstitial nephritis in the mother. Calcium and magnesium have a beneficial effect in thyroid insufficiency, probably by lessening the demands on the thyroid, and I have seen the most dangerous possible cases of albuminuria in pregnancy carried along for several months to a successful

and happy termination by the use of large doses regularly of milk of magnesia.

The adrenals counteract excessive activity of the thyroids. Hence we find adrenal extract of use in exophthalmic goitre and in any goitre accompanied by symptoms of hyperthyroidea, such as rapid heart action, nervousness, etc., and it is well to try it in any case of unexplained nervousness if accompanied by rapid heart action. I first used an adrenal preparation in a typical case of exophthalmic goitre in 1904 with perfect cure and the patient has not needed any treatment for it in five years. Severe vomiting is one of the symptoms of adrenal insufficiency. Since the thyroid secretion is antagonistic to the action of the adrenal secretion, whenever the thyroid is very active, as in the first months of pregnancy, the adrenal secretion may be relatively insufficient and this would cause vomiting. Silvestri found that epinephrin speedily cured severe vomiting of pregnancy after all else had failed. There is no more efficient or rapid remedy for urticaria than a hypodermic dose of an adrenal preparation. As shown by Swann 8 minims of a 1 to 1,000 solution of epinephrin repeated in 10 minutes gave complete relief of all symptoms in 20 minutes after the first dose. Adrenal preparations also give prompt relief when given subcutaneously in the severe pains of sciatica and arthritis. For this purpose Gaisbock gives a hypodermic injection of a 1 to 1,000 solution, repeating it as necessary. Some attacks of asthma yield like magic to a hypodermic injection of an adrenal preparation. It takes about five minutes to give complete relief. I have known a single injection to ward off attacks for more than two months thereafter. It seems to be one of the functions of the adrenals to maintain, by their internal secretion, the blood pressure. This it does by a vaso-constricting action which lessens the total capacity of the blood vessels. The adrenals are very effective in cases of shock. Whether they do more than increase the vanishing blood pressure I cannot say. Of course the local use of the adrenals to control hemorrhage is well known. This may be carried to the point of limiting the blood supply of superficial carcinomas and cause their ultimate disappearance.

The development of the sexual organs to maturity is determined by the activity of the adrenal cortex. In the cases of precocious development of these organs, in which for instance they attain to full maturity at six years, pathological hypertrophy of the

adrenals has been the cause. This hint may be of use when dealing with cases, usually girls, who are backward in sexual development and so are a source of worry to their parents. In these cases small doses of adrenals and thyroids combined may be given. Although if general development outside of the sexual organs is good, the adrenals may be given alone.

The development of the secondary sexual characters such as voice, beauty of skin and hair and bodily shape, in fact all that makes an individual attractive to the opposite sex, is determined by internal secretions furnished to the blood by the testes or ovaries, which perform this duty in addition to their better recognized functions. The ovarian secretion seems to be furnished mainly by the corpus luteum which has control of the growth of the breasts as in pregnancy and even determines whether or not the ovum shall live in the early months of pregnancy. Accordingly a preparation of the corpus luteum is of use in cases of habitual abortion and it may be given after removal of the ovaries to preserve or even develop the breasts or may be given to women presumably healthy, who desire fuller busts. One of my patients who had every vestige of the essential female generative organs removed in her teens has been able to produce and maintain all of her secondary sexual characteristics perfectly by judicious use of the corpus luteum. The use of the corpus luteum also serves to prevent the nervous and other symptoms accompanying the menopause, whether artificial or occurring in the course of nature and for the relief of any symptoms attributable to under activity of the ovaries, such as dysmenorrhea, amenorrhea, infantile genital organs and various nervous disorders. The dose is one or more tablets, three times a day, each representing 20 grains of fresh corpus luteum. When the ovaries are completely removed, a female develops no additional female characteristics and may lose those that she has already obtained. That this is purely a chemical or nutritional action and not one under control of the nervous system is shown by the administration of ovarian extract, which produces the appearance of femininity. This has been fully demonstrated recently in the case of birds and reported by Goodale. The ovaries were removed from several ducks, which later developed characteristic male plumage, although the voice remained female. In fowls from which the ovaries had been removed, all the characters of roosters de-

veloped, including spurs, comb and wattles. If an ovary is transplanted to one of these pseudo roosters, the female form comes back again. In other experiments ovaries were transplanted to a castrated male guinea pig; mammary glands developed and secreted milk and hair became softer and glossier as in a female. In certain countries a boy's soprano voice is kept from changing to that of a normal man by castration.

The thymus is known to determine the availability of calcium and prevent an acidosis of the system. Hence we see the possibilities of its use in rachitis, in arthritis and in idiocy, any of which may be due to acidosis due to inactivity of the thymus. Its internal secretion has been used with success in exophthalmic goitre, has improved many cases of arthritis deformans and has actually cured some cases of this otherwise incurable disease.

Removal of the parathyroids produces tetany. It is accordingly logical to use a preparation of these glands in the treatment of paralysis agitans which is greatly benefited or even cured in seventy-five per cent. of the cases. The parathyroids are also among the strongest of all diuretics.

The mucous membrane of the pylorus and duodenum generates an internal secretion which is apparently stored in the spleen, and that stimulates intestinal peristalsis. A preparation of this secretion given intramuscularly will produce regular movements of the bowels in cases that have not had a natural movement for years. The effects of the one injection may last many months. This is particularly useful in post-operative paralysis.

The island of Langerhans in the pancreas furnishes an internal secretion the absence of which produces diabetes. In cases of diabetes due to deficiency of this secretion an extract of the pancreas promptly causes disappearance of the symptoms and ultimately a cure of the disease and this with but little attention to diet.

In times of severe illness when all the defenses of the body are taxed to the utmost, the glands furnishing internal secretions may be unequal to the task presented to them and there will arise in the course of the disease or during convalescence, symptoms of underactivity of one or more of these glands. If the cause of the alarming symptoms thus produced is recognized, immediate relief will be obtained on the administration of a preparation of the gland that is exhausted. The glandular preparations that are most often needed in the

course of a severe general illness are the adrenals and thyroid, the latter especially for use in cases of acute nephritis that so often follow acute febrile diseases and in which the results of the treatment are simply marvelous. Doubtless many of the cases of arrested development following serious illness in childhood are due to permanent injury to some of the ductless glands. A proper diagnosis would render a return to normal development possible.

The chemical control of lactation is a most interesting example of the action of the internal secretions. A secretion from the placenta causes growth of the mammary gland entirely independently of any nervous action. The breasts are stimulated to lactation by an internal secretion coming from the posterior lobe of the pituitary body and also by activity of the thyroid. Lactation is inhibited by the internal secretion coming from the placenta. During pregnancy these two counteracting forces may neutralize each other. At delivery the inhibitive action of the placenta is removed and the breasts begin to secrete milk owing to the unrestrained stimulus coming from the pituitary and thyroid. You have all observed milk in the breasts of newly-born infants, even males. This is due to the same cause that produces milk in the mother's breast, namely, unrestrained stimulation by internal secretions coming from the pituitary and thyroid. I have used the pituitary with good effect in a case that had been unable to nurse her child born in a previous confinement. The breasts were stimulated to full activity and the nursing was satisfactory. The internal secretion of the breasts is inhibitory to activity of the ovaries and uterus. When the breasts are in full activity the ovaries are quiescent and the monthly periods are absent. Therapeutically we find that mammary substance has a wonderfully inhibitory action on the growth of uterine tumors and that benign tumors of considerable size may be cured by its exhibition. Also conditions of uterine hyperemia with hemorrhage, are much benefited by mammary extract.

It used to be said that a man is as old as his arteries. If that is true it had better be said that a man is as old as his ductless glands! For on them depends the condition of his arteries. If the thyroid functionates less than it should or the adrenals more than they should, the arteries become atheromatous and other signs of old age appear. There can be no doubt that the majority of people would be benefited after forty-

five years of age by systematic administration of thyroid. The appearance of gray hairs and baldness would be postponed, the tendency to corpulency would not be so pronounced, rheumatism would be kept away and the buoyancy and appearance of youth be maintained.

It is thus seen that the therapeutic possibilities of the internal secretions apply to a large proportion of the conditions met with in general practice. Every new addition to our knowledge of the subject but adds to the fascination of this study of the chemical control of the bodily processes and offers opportunities for new therapeutic triumphs.

TREATMENT OF PSORIASIS.

BY WINFIELD S. DEVAUSNEY, M. D.,

Newark, N. J.

Former House Physician, N. Y. Skin and Cancer Hospital; Clinical Dermatologist on Staff of New York Skin and Cancer Hospital.

There have been so many different methods for the treatment of psoriasis that before commencing this paper it seems best to state that its purpose is simply to outline one plan which has proven to be highly successful in the hands of the author, both in hospital and private practice.

Go thoroughly first into the patient's history, habits, etc.; make a careful urinalysis to determine the per cent. of urea, solids and acidity, using this as a guide in the modification of your internal treatment.

Inform your patient of the liability to other attacks at almost any time, also speak of the importance of the diet and correct mode of living, as such essentials go far in preventing outbreaks in individuals predisposed to this chronic disease.

As to their diet, inform them that there are tendencies in their general make-up to an increased production of nitrogenous extractive matters eliminated in the urine and at the same time there is a diminution (much below normal) in the nitrogenous output indicating that their disease is one of insufficient elaboration of nitrogenous matters and that, in order to avoid attacks they must, for the rest of their lives, eat sparingly of meats, especially beef and mutton. It is best that they abstain entirely from eggs, alcohol and milk; in fact, they should live largely on such food-stuffs as grow in the ground.

Correct, if possible, their mode of living, advise sea-baths, spinal douches, occasional

changes of scene and tell them to avoid keeping late hours, nervous shocks, mental strains and violent emotions of any nature.

Before prescribing an ointment containing chrysarobin tell them never to apply or have it applied on the body to any lesions above the line of the shoulders. Warn them to be extremely careful not to get any of the salve into or near the eyes; also speak of the drug's destructive action upon the wearing and sleeping apparel.

When the attack is very extensive, and quick results are desired, it is wise to speak of the advantages of going to bed and giving up the entire time to the treatment; although it is not entirely necessary, it is of great advantage to procure a nurse or attendant to give baths, apply treatment, etc. It is more satisfactory to both patient and physician to treat a case in this manner than the haphazard way in which ambulatory cases treat themselves.

EXTERNAL TREATMENT.

Have the patient soak for twenty minutes in a bathtub of hot water in which the following has been dissolved:

R Potass. carb., 4 oz.
Sodii. biborat.
Sodii, carbonat., aa, 3 oz.
Pulv. amyli, 1 lb.

This formula has a cooling antipruritic and softening effect on the skin and is also beneficial in removing the scales.

After the patient's skin is thoroughly dry, apply on the affected areas, with a brush, the following preparation:

R Ol. rusci, 2½ drams.
Acid. salicyl., 5 drams.
Acid. chrysarobin, 5 drams.
Lanolin anhyd., 6 drams 15 grains.
M. et adde.
Sapo viridis, 5 drams 15 grains.

Rub into a smooth paste.

Some patients may object to the odor of this ointment and complain of nausea. No attention need be paid to these symptoms as they soon wear away and the patient becomes accustomed to conditions and surroundings. Afterward cover the parts with gauze and bandages. As extra protection to the eyes, let the patients wear cotton gloves. If too severe dermatitis occurs, discontinue the above ointment for a few days and have the following prescription applied:

R Lanolin, 2 drams.
Boroglycerine, ½ dram.
Ung. aquae rosae, 6 drams.
S. Apply.

INTERNAL TREATMENT.

Proceed by giving at bedtime one ten-grain tablet of calomel et sodæ; follow in the morning with a saline.

The diet must be strictly vegetable, no meat, eggs, cheese, alcohol or milk. I prefer putting them, for the first week or ten days of treatment, on a diet of rice, bread, butter and water. The rice to be well masticated and to be eaten with a fork.

Internally, the following mixture is beneficial:

R Potassii acet., 6 drams.
Sodii salicyl., 3 drams.
Fld. ext. cascara, $\frac{1}{2}$ dram.
Mist. rhei et sodæ. q. s., 3 oz.

S. 1 dram 3 times a day in half glass of water after meals.

In addition to this, give hypodermatically twice or three times weekly, sol. sodii arsenate (10%), beginning with 4 drops and gradually increasing to point of toleration, or Pill Asiatic, commencing with one pill t. i. d. and gradually increase, one pill daily until the patient's point of toleration for the drug—arsenic—is reached. Continue internal medication for several weeks after entire disappearance of the lesions.

When the attack is not very extensive and the lesions are more or less distinctly isolated proceed the treatment by the bath and paint on with a brush the following:

R Acid. salicylic., 1 dram.
Chrysarobin, $1\frac{1}{2}$ dram.
Collodion, 1 oz.

night and morning; every third or fourth day have the patient take a thorough soaking in the bath and re-apply the above. (Don't forget to instruct the patient to keep the bottle well corked and never to apply it near a gas flame.) On the face, neck and scalp have applied night and morning ung. hyd. ammon. Give internally the same as suggested above. In conclusion I wish to respectfully state that a careful following of the above instructions will give a happy result in the majority of cases.

Do not pronounce a lesion true cancer, or carcinoma, under the mistaken idea that it is an epithelioma or a rodent ulcer. There is one ulcerative cutaneous affection, that very closely simulates epithelioma, which is known as blastomycetic dermatitis. It has a tendency to spread, both horizontally and vertically, and is also painful to a marked degree. The blastomycetes may be found, and demonstrated in the lesion, and it is well to be ever on the lookout for this process which, up to the present time, has been comparatively rare. A number of cases have been reported, so far.—American Journal Dermatology.

PRESIDENT'S ADDRESS—CAMDEN COUNTY MEDICAL SOCIETY.

By JOHN K. BENNETT, M. D.,

Gloucester City, N. J.

Members of the Camden County Medical Society:—

It is my agreeable duty to tender the members of this society my thanks for the honor and privilege of having been your presiding officer, and I trust that my humble efforts have at least in some small measure succeeded in furthering the incalculable benefits derived from these gatherings.

Concerning deaths of members—During the past year, we had the great misfortune to lose by death: Edward A. Parry, M. D., and William A. Davis, M. D.

Concerning resignation of members—Through resignation we have lost several valuable members: Letitia Ward, M. D., Katherine Sherck Cowell, M. D.

Concerning Finances—The treasurer has now on deposit: \$3,000.42.

Concerning scientific meetings—With respect to the scientific business, we have had a number of scholarly and instructive papers and addresses at our meetings.

These presentations brought forth highly interesting and spirited discussions by the members of the society and invited guests. We have upheld our well established custom of stimulating that form of learned discourse which is best adapted for the diffusion of truth and the promotion of the best interests of our profession.

Our convivial gatherings about the tables covered with tempting and wholesome food and refreshing beverages, have always formed a most agreeable and fitting climax for the scientific feasts. The yearly sociable was so delightful that one yearns for more frequent repetitions.

Concerning attendance at meetings—With pleasure I make mention of the fact that the Camden County Medical Society is not suffering from that ailment complained of by many County Societies throughout the country, namely, lack of interest and poor attendance, for with us there have always been large gatherings and our meetings invariably brought forth spirited and learned discussions. I need not hesitate to assert that lack of enthusiasm will never afflict this venerable organization.

Concerning suggestions—Although the most excellent and healthful condition of this society composed of the practitioners

of the first rank in this community leaves little to be desired, I venture a few suggestions aimed to broaden the field of activity and usefulness of this organization. These suggestions relate to:

1. A stated meeting for the purpose of discussing subjects relating to medical economics and medical history.

2. The formation of a medical library for the society.

3. The erection of a county society building.

(1) Relating to a meeting on medical economics and history: I have often thought it would be most desirable to hold a meeting devoted exclusively to the discussion of subjects relating to medical economics. At such an occasion, special papers on various subjects appertaining to this branch of medicine, as methods of case-taking, medical accounting, hospital and dispensary management, fees, compensation for the treatment of the poor by the community and medico-legal matters and ethics, would form interesting topics for presentation and discussion. No less important a subject and closely linked to medical economics is medical history, which could properly be coupled with it at these meetings. For instance, the subject of fees of our predecessors as compared with those of today would form a most interesting discourse. One thing is certain, that the practitioner of our day receives insufficient compensation, and has always been underpaid. Many medical men of former days were better paid. Is the generosity and philanthropy of physicians increasing? Is the physician less businesslike? I wish time would permit of a survey of this agreeable theme in this address and to call your attention to some of the cynics who rail at the doctor for loving his fee.

Jeafferson relates the following stories bearing on this subject: Henry Askins received the handsome fee of 6,000 pounds for attending Charles the First through a dangerous febrile illness. The story is told of Radcliffe, who with a rare effort of generosity had attended a friend for a twelve month gratuitously. On making his last visit, his friend said: "Doctor, here is a purse in which I have put every day's fee; and your goodness must not get the better of my gratitude. Take your money." Radcliffe looked, made a resolve to persevere in benevolence, just touched the purse to reject it, heard the click of the gold pieces in it, and put the bag into his pocket. "Singly, sir, I could have refused them for

a twelve month, but all together, they are irresistible," and the doctor walked off with a heavy prize and a light heart.

Louis XIV gave his physician and his surgeon 75,000 crowns each after successfully undergoing a painful and at that time novel operation. Richard Jebb was once paid three guineas by a nobleman from whom he had the right to expect five. Sir Richard dropped the coins on the carpet, when a servant picked them up and restored them—three and only three. Instead of walking off, Sir Richard continued his search on the carpet: "Are all the guineas found," asked his lordship, looking around. "There must be two still on the floor," was the answer, "for I have only three." The hint of course was taken and the right sum put down. I earnestly trust the society may find it expedient to devote one meeting yearly to medical economics and history.

(2) Relating to the formation of a Medical Library—Every county medical society should possess a suitable medical library, not only for the benefit of the profession, but for the public as well. A library is not only a repository for the storage of books and documents to be used by the learned, but must be regarded as a work-shop or a place for intellectual recreation adapted for almost all classes of society. The educational equipment of every community will be enhanced by a medical library.

(3) Relating to the erection of a county medical society building: I venture the opinion that in the near future this society should be housed in a home of its own. A suitable building to meet the requirements of this organization would of necessity mean a large financial outlay, perhaps too great for us to shoulder at the present time, but with the assistance of some of our public-spirited citizens, I feel convinced that the project could be accomplished. Individual and collective efforts on the part of our members will be required to persuade benevolent citizens to aid us in this progress of civilization. Little do we realize how powerful an influence the medical man wields in the community and through organized effort or team work much can be accomplished. The powerful influence wrought by a physician cannot be more forcibly emphasized than by a brief allusion to an incident in the life of the illustrious Edward Jenner. When the English were at war with the French, Napoleon had among his prisoners two British officers whom the English government endeavored

to release by an exchange of prisoners of war. The English government failing in its mission to secure their release, appealed to Edward Jenner to use his influence in their behalf. When Jenner's letter making a personal request to secure the prisoners' freedom was read to Napoleon he remarked, "We can deny that man nothing. Release the prisoner."

Would it not be advisable to arrange for one or more public lectures on some topic pointing out the advancement made in medicine, under the auspices of the society? Little is known by the people of the struggles, the toils and the silent tragedies endured by the disciples of Hippocrates and it is our duty and will be to our best advantage to enlighten the laity on the problems solved by our noble profession in the relief of human suffering. Although the world is hardly beyond the beginning of medical discoveries, yet our accomplishments mark the greatest advance of civilization. Diseases, which in former days swept away myriads on myriads in every land, now cause fewer deaths than diseases thought to be of little consequence. The triumphs and advancements of sanitary science in our own country in the extermination of yellow fever and cholera, which once raged and paid their toll of thousands upon thousands of human beings, might justly be presented in fitting addresses to our fellow-man. Could our public-spirited citizens deny a modest request to contribute substantially to the advancement of that profession which has ridden the world of so much of its sufferings, its sorrows and its superstitions?

In passing from the chair, permit me to again extend my thanks for your indulgence during my term of service. May the prosperity of our society ever continue, is the heart-felt wish of your retiring president.

When operating for acute appendicitis, it sometimes happens that the condition of the appendix is such as to warrant the belief that some other lesion is responsible for the patient's symptoms.

Exploration should be made before removing the appendix, but in order easily to find the appendix again, after the exploration is finished, pass a thread through the mesenterium and bring its two ends outside the abdomen and clamp them with a forceps. It takes a little longer then to catch it with a forceps, but the thread takes up less room in the wound than the forceps, and with it there is no danger of injuring the bowel during the exploration.—Dr. W. T. Coughlin.

Clinical Reports.

Maternal Transmission of Malaria.

Dr. Victor G. Heiser, Surgeon of U. S. Public Health Service at Philippine Islands, reports the following case in the Medical Record.

A child, Filipino, born January 2, 1913, at the Iwahig Penal Colony in Palawan, on January 7 had a rise in temperature and symptoms which led to the suspicion that it might be infected with malaria. Examination of the blood made January 9 showed distinct malarial crescents. The mother had suffered from estivoautumnal infection at intervals during her pregnancy. For a number of months prior to December 25 she had been actively treated with daily gram doses of quinine sulphate given in capsules by the mouth.

Serious Complication Following Use of Pituitrin

A woman of 32 was in labor with her first child. The cervix was rigid, the membranes ruptured, the labor pains weak and far between, the os dilated about the size of a silver quarter. The third day an injection of pituitrin was given, two hours later a second injection and the cervix was slit. Five hours later a third and two hours later a fourth injection of pituitrin was given. They were followed in half an hour by labor contractions so excessive that they kept up practically continuous for two hours, with spasmodic closure of the cervix. Finally pain in the sacral region became intense, requiring morphin; the temperature rose and also the pulse, and a mixture of amniotic fluid and stool escaped from the cervix. As a consequence of the two hours' pressure of the fetal skull on the sacrum from the intense contraction of the uterus, under the action of the pituitrin, the tissues between had been destroyed and a fistula was formed between the rectum and the cervix. The child was delivered with forceps and died the seventh day from sepsis.

Multiple Sclerosis Treated for Incontinence.

Dr. I. Strauss reported this case at a meeting of the New York Neurological Society, June 3rd; the patient was a man, 47 years old, who was admitted to the Mount Sinai Hospital on December 5, 1912. His family history was unimportant. The patient was moderately alcoholic and gave a history of gonorrhea and syphilis twenty years ago. Two years ago it was noticed that the patient had difficulty in remembering things, with slowness of speech and motor aphasia. Eight months ago he complained of weakness in the legs when walking, and two months later he developed vesical incontinence, with occasional rectal incontinence. There was also diplopia and loss of weight. An examination at the time of his admission to the hospital showed, in addition to the above symptoms, nystagmus and tremor of the head, exaggerated knee jerks, slight Romberg, slow speech and diminished abdominal reflexes. A cystoscopic examination showed a trabeculated bladder, with a mild cystitis. The Wassermann test at this time was negative. Under repeated injections of salvarsan and epidural injections of sterile alboline, the patient gradually regained control of his bladder func-

tion, and when he left the hospital, on May 1st, 1913, he was urinating about five times in the course of twenty-four hours, and was able to retain urine from six o'clock P. M. to six A. M. without discomfort.

Hair-Ball Removed from Child's Stomach.

Dr. S. Barling, Proceedings of the Royal Society of Medicine, reports a case showing an unusual cause of gastric disturbance. A girl seven years of age was admitted for vomiting and severe pain in the upper abdomen of two days' duration. Since an attack of dysentery four and a half years before she had been in the habit of chewing up pieces of string, tape, etc., and occasionally fragments of such things had been found in the motion. Her appetite was good up to ten days before the time she was taken ill, food being taken in normal quantity and without discomfort. On examination, a hard lump exactly resembling the outline of the stomach could be felt descending from beneath the left costal arch, and passing transversely across the epigastrium. The outline of the tumor together with the history led to a correct diagnosis. The specimen was easily removed through a longitudinal incision into the anterior wall of the stomach about three in. long. The opening in the stomach was closed by a double layer of sutures, and the child made an uneventful recovery. The specimen consisted of a felted mass of hair and string, the former predominating; it presented an exact cast of the stomach.

Ludwig's Angina.

Ludwig's Angina. Reported by Dr. S. H. Brown, of Philadelphia, in a paper in the New York Medical Record.

The patient was a young man, about twenty-nine years old, of a highly neurotic temperament, and a comparatively delicate physique, even though seldom sick. After a period of a day or so following an abrasion of the skin over the larynx, while shaving, the small lymphatic gland in the median line of the neck directly above the anterior superior border of the larynx began to enlarge. Within twenty-four hours it was distinctly palpable, and within the next twelve hours succeeding there was a pronounced diffuse cellulitis extending to the posterior border of the sternocleidomastoid on each side and from the lower border of the jaw to the upper margin of the clavicle and the sternum. The inflammation continued to increase and the swelling became so great that it was impossible to differentiate any of the surface markings of the structure in the anterior portion of the neck. The line of demarcation between the swollen gland and the thyroid cartilage was effaced and they seemed to be the same swollen structure. Swallowing became intensely painful and extremely difficult. Talking became almost impossible and hoarseness was pronounced. Only the lowest tones of the voice could be produced and edema of the larynx seemed imminent.

The possibility of this complication caused considerable apprehension and prompted the use of streptococcus vaccines, which were suggested and injected by Dr. E. H. Bainbridge, of Philadelphia, who had seen the case in consultation. The continuous application of an ice poultice was also prescribed. Within twenty-

four hours, the distressing symptoms, the hoarseness, the difficulty in swallowing, pain, etc., subsided, and the temperature rose from 99° to 101° F., but otherwise there was no reaction. Within the following twenty-four hours points of tenderness developed so that by the third day after the onset of the cellulitis distinct pointing could be demonstrated at the site of the presumably original infection. A free and deep lateral incision was made by Dr. Bainbridge and a large quantity of pus was evacuated, and continued to be discharged for ten days following. All the symptoms promptly ameliorated. The prostration produced by this infection was extreme and required continuous feeding and tonics to combat it, even after the primary condition was no longer in evidence.

That this was no ordinary abscess was evidenced by the fact that pus could be expressed by pressure over the trachea above the sternum, by pressure beneath the jaw, and by pressure on either side of the larynx well down in the neck. There was undoubtedly suppuration within one or more of the special sheaths of the deep cervical fascia. The patient entirely recovered, without any sinus or fistulous tract remaining.

Sciatic Neuritis.

Dr. G. A. Young, Omaha, reports this case in the Interstate Medical Journal, June, 1913.

G. W., male, aet. forty-five, severe right-sided sciatica of ten months' duration. There were evidences of a sciatic neuritis in a hypesthesia in the region of the musculo-cutaneous nerve, and in a diminution of power in the muscles of the leg. A trophic disturbance was observed in the roughness of the skin and in a small persistent sore which had formed on the outer aspect of the leg. Exacerbations of pain of a grinding character were present nightly. These were specially marked in the region of the sacro-iliac synchondrosis. It was a favorable case for an epidural injection, but the patient, a physician, had read a recent article in the "Journal of the American Medical Association" on perineural injection and wanted that tried. The injection of 100 c. cm. of a 1-10 per cent. solution of B-eucaine was made in the sciatic sheath, and all pains, below the site of the injection in the transverse gluteal fold, ceased. The nightly attacks of pain continued in the regions of the sacrum. He was then given daily injections of pilocarpine, grain 1-10, and as much dry heat as could be borne was applied nightly to the sacrum. The pains rapidly decreased, his constipation improved, and his sexual power, which had been nil for ten months, returned, and in a month's time his recovery was complete.

Passage of Black-Headed Pin Through Gastro-Euteric Tract Without Symptom.

This case was reported by Dr. P. J. Maugan, Winnemucca, Nevada, in A. M. A. J..

Elizabeth M., aged 3 years and 10 months, swallowed a black-headed pin. I was consulted two days later. There being no untoward symptoms, pultaceous food was advised, and close watch was kept of the stools. On the ninth day following its entry by the mouth, the pin, measuring 40 mm. in length, and lightly coated with mucus over the sharp end, passed by the anus. No inconvenience was experienced at the time and there has been none since.

Acute Pemphigus Complicating Typhoid Fever.

Dr. A. Reuter reports the case of a fifteen-year-old girl in whom there appeared on the sixteenth day of an attack of typhoid fever a number of pemphigus-like lesions. These were round, of a size varying from that of a pea to that of a walnut, and consisted of blebs filled with a clear fluid. The base of the lesions, at first light red, later became gangrenous. The lesions appeared on the back and on the leg. Coincident with the recovery from the typhoid fever the pemphigus also got better, but left round scars.—Arch. f. Derm. u. Syph.

Sub-Mucous Resection of the Nasal Septum.

Reported by Dr. C. M. Miller, Richmond, in a paper in the Virginia Medical Semi-Monthly, October 10th.

Case 1. Dr.—, a dentist from Bluefield, West Virginia, consulted me November 1, 1911, with the history of having consulted many oculists on account of his inability to attend to his work with comfort, or to do any reading. He had been given various glasses and told that the gold with which he filled his patient's teeth caused eye symptoms in many dentists. Just before coming to me, his physician told him that his trouble was in his nose and if he had that corrected he would be much better. Upon examination of his nasal chambers I found full space in his inferior meatus; there was a deviation of the septum to the left high up, impinging against the left middle turbinate which was hyperplastic, and a part of the anterior portion had been removed before coming to me. A sub-mucous removal of a part of his septum restored him to health and enabled him to pursue his work, free from headache and also the dizziness which leaning over his patient had formerly caused him.

Case 2. Mr. M., college professor, consulted me a number of times about his eyes. He had been having headaches following the use of his eyes, and the trouble was therefore distinctly traceable by him to eye work, as he never suffered from such pains during his period of rest, providing he did no reading at such times. Careful refraction of his eyes on two different occasions failed to give him the amount of relief which he sought though his refraction error was a marked one, and he suffered with less nervous irritability as a result of the use of his glasses. Rhinological examination showed a deviation of the nasal septum high up in the ethmoid region interfering with the passage of air current to the roof of the nose and causing pressure upon the middle turbinate. A sub-mucous resection of the nasal septum gave relief from his suffering and he is now doing post-graduate work in one of the Northern colleges and using his eyes with comfort.

Case 3. Miss J., employed in a tobacco factory, consulted me about her eyes in January, 1912. Refraction showed a very marked error for which glasses were prescribed, but failed to give the relief sought from the headache, though she said she was very much less tired at the completion of her day's work and that she felt that the glasses were of benefit, though the use of her eyes still caused her headache from which she was free when not using her eyes. Rhinological examination showed an-

tero-posterior deviation of the nasal septum extending up into the middle meatus making pressure on the middle turbinate. Correction of this by sub-mucous resection in the nasal septum, while it was followed by some perforation, resulted in absolute relief of all her symptoms, and ability to continue her work with entire comfort to herself, and at night to use her eyes for reading or such other near work as she might desire to perform.

Epithelioma of the Clitoris.

Dr. George G. Ward, Jr., reported this case at the May 22d meeting of the New York Academy of Medicine. The patient was 46 years of age, had been married 30 years, and had had six children, all normal labors and no miscarriages. A year previous to presenting herself she noticed a small pimple in the region of the clitoris, which had steadily increased in size. Three months before entering the hospital the growth had ulcerated. The patient was cachectic and a blood examination showed hemoglobin 30 per cent., and 1,150,000 red cells. There was no leucocytosis, and the patient complained of loss of strength and pain. The size of the growth was about that of a silver dollar, the clitoris, vestibule, and a portion of the left labium being involved. There was a complete excision of the growth together with a considerable area of normal tissue down to the periosteum of the pubic bones. The edges of the wound were brought together with silkworm sutures. The patient made a normal recovery and the blood picture rapidly improved.

Carcinoma of Prostate Simulating Lymphomatosis.

Dr. C. Lundsgaard, reporting this case in the *Hospitaltidende*, Copenhagen, says: The patient presented apparently a typical case of lymphomatosis. Not only the clinical course but also the necropsy findings in the enormously enlarged lymph-nodes in the neck, chest, mesentery, etc., were apparently of lymphomatous nature. Microscopic examination alone revealed the structure of metastatic adenocarcinoma, and search for the primary cancer revealed it in the prostate. The patient was a farmer of about 70.

Intraligamentous Fibroid Causing Periodic Retention of Urine.

Dr. Henry D. Furniss reported this case at a meeting of the New York Academy of Medicine, March 27, 1913.

The patient was a single woman, forty-seven years of age. Her menstrual history was negative. In August, 1912, on rising one morning she found that she could not pass her urine. After several hours this inability passed away. She had no further trouble until September, 1912, when the same thing happened and this time catheterization was necessary. She had a similar attack in October, requiring catheterization. In January she had another attack which caused her to awake at 3 a. m., on account of the sense of bladder fullness and discomfort. She was catheterized at that time and since then the urine had been more or less cloudy.

After some questioning it was learned that she had had some frequency of urination since the spring of 1912. Since last fall she had been

getting up two or three times during the night. The bladder irritability had decreased since taking salol in January. She had no hematuria and had passed no calculi.

The urine showed a few epithelial cells, no puss, no blood, no albumin and no sugar, but a few hyaline casts were present.

The usual bimanual examination was not made as the woman was unmarried. An attempt was made to pass the cystoscope, but the instrument met with an obstruction and the beak had to be turned well to the left in order to make it enter the bladder. Only the left side of the bladder could be seen and it was found that the uterus was displaced to the left by a hard mass, more or less elliptical in shape, with the long axis running transversely. The mass was the size of two closed fists, placed side by side. On February 15, 1913, this growth was exposed through a median abdominal incision and was found to be a large intraligamentous myoma, springing from the left cornu of the uterus. This was approached through an incision over it, between the tube and the round ligament, and bluntly dissected out. The ureter was below and to the right of the mass and was not disturbed in the dissection. The large dead space was closed with a continuous suture of catgut, and the peritoneal edges were similarly brought together. The abdominal wound was closed in layers. For eight days the patient ran a temperature of 100 to 101 degrees F., which was due to an exudate in the right broad ligament. This gave no further trouble and the patient left the hospital in two weeks. —Amer. Jour. of Obstetrics.

Abstracts from Medical Journals.

Obstruction to the Lacrymo-Nasal Duct.

Dr. E. N. Robertson gives the following conclusions in a paper in the Kansas Medical Journal.

1. The majority of all cases of lacrimo-nasal obstruction, in the beginning, can be relieved by very simple measures.
2. Syringing with mild astringent antiseptic solutions should always be tried faithfully, even in those cases where a mucopurulent discharge from the sac is present.
3. It is better as a rule not to open an acute dacryocystitis through the skin. More satisfactory final results are obtained by letting the pus out through the canaliculus, or by the incision of Agnew; followed by the use of the probe.
4. Rapid dilatation by the method of Ziegler is sufficient to effect a cure in many cases formerly made tedious by probing.
5. The use of the style in suitable cases is much preferable to probing.
6. Good results can be accomplished by probing in selected cases if the patient will stand for it.
7. When quick relief to chronic dacryocystitis is desired, extirpate the lacrymal sac.

Post-Operative Hiccough in Urinary Lesions.

Dr. G. Marion, Paris, in *Journal d'Urologie*, reports that the first case observed by him in which hiccough developed after operation was a prostatectomy. Hiccough persisted and be-

came steadily worse and the patient died on the twelfth day. Absolutely no cause for the hiccough or for the fatal issue could be determined. Since that time Marion has observed six additional instances, none of which were fatal. He believes that every patient suffering from disease of the urinary tract is, under certain conditions, exposed to the possibility of post-operative hiccough. In one case this distressing symptom appeared after each of two operations on the urinary tract.

Marion advances the theory that the post-operative hiccough is a symptom of urea intoxication. He treated his last four cases on that basis (forced fluid diet) with excellent results. The decrease of the large amounts of urea in the blood could be measured and the therapeutic result thereby controlled. The fluid diet should be free from nitrogenous elements and should, if necessary, be accompanied by antispasmodic drugs.

Post-operative hiccough, may, of course, be due to peritonitis or to hysteria, but the type described by Marion not associated with fever and sometimes accompanied by drowsiness or even coma, is very distinct and should always be borne in mind.

Cardiac Diseases in Childhood with Special Reference to Diagnosis.

Dr. Charles Hunter Dunn, of Boston, at the meeting of the Amer. Pediatric Society, May, 1913, presented the following:

1. Rheumatic fever is very much the commonest cause of cardiac disease in childhood.
2. Cases seen with acute rheumatic infection localized in the heart are much commoner than cases suffering from chronic endocarditis.
3. Cardiac symptoms are due to two causes; first, acute infection localized in the heart; second, broken cardiac compensation. Of these two causes the first is the commoner.
4. The liability of children to recurrent attacks of acute rheumatic infection, in any of which the heart may be involved, is very great.
5. The immediate mortality of rheumatic cardiac disease is about 20 per cent.
6. The subsequent mortality of patients with endocarditis of rheumatic origin, followed for at least ten years is about 50 per cent.
7. The final mortality of rheumatic fever followed for at least ten years is 60 per cent.
8. The mortality is seen chiefly during childhood. The mortality after young adult life is reached falls to only 7 per cent.
9. The cause of death is heart failure. The cause of the heart failure may be either acute cardiac infection or broken compensation. In childhood the former cause is far the more common. After adult life is reached the latter cause is more common.
10. The particular valvular lesion present has little or no relation either to the mortality or the amount of disability in adult life; except, aortic disease appears to be a particularly fatal lesion in childhood.
11. The causes of the great mortality of rheumatic fever in children are, first, their greater liability to this infection; second, their greater liability to recurrent attacks; third, their greater liability to cardiac involvement.
12. Patients who escape the dangers of childhood, and who enter adult life, are apt to show a remarkable freedom from disability. The ma-

jority of such patients can lead normal active lives.

13. The probable cause of this freedom from disability lies in the fact that cardiac damage occurs during the period of growth, and that during this period a particularly perfect adaptation can take place between the heart and the patient, which enables the heart to meet the demands made upon it. This adaptation is more perfect than can be attained in adults.

14. The earlier in life the cardiac lesion is acquired, the better is apt to be the result in adult life, as concerns ability to lead an active, normal existence; provided that the patient escapes the dangers of childhood.

15. Treatment should be directed at favoring the adaptation of child and heart. While guarding against overstrain, we must avoid too great limiting of the normal activities of childhood.

16. In congenital cardiac disease, open ductus arteriosus is a favorable lesion.

Palpation of the Digestive Tract.

Dr. Hausmann described his method of palpating the digestive tract in an interesting paper before the Berlin Medical Society recently.

The procedure is simple in theory, but requires some training in practice. The patient lies on his back, as relaxed as possible. He breathes deeply and regularly. The palpator must observe two rules. He must palpate (and that gently) only during expiration and the respiratory pause, never during inspiration, and he must allow his fingers to slip transversely across the organ that is to be felt. The small intestines, with the exception of the cecal portion of the ilium, cannot be palpated. The latter can nearly always be felt where it crosses the psoas muscle, especially if the latter be contracted by flexing the right thigh upon the body and then extending the leg. The thick cord thus felt is often mistaken for the appendix; the latter, unless thickened, can rarely be felt and then can be identified only if it, as well as the ilium, is made out. The sigmoid and the cecum can usually be palpated, the transverse colon less frequently, and the greater curvature and pyloric portion of the stomach in less than half the cases.

Salvarsan in Congenital Syphilis.

Drs. Strathy and Campbell, Toronto, Canada, in the *Amer. Jour. of Children's Diseases*, report that their eighteen patients improved clinically under salvarsan treatment. The intensity of the Wassermann reaction diminished steadily with frequently repeated full doses, but in nine patients over 4 years, who received four doses or more, only two became negative, and that after eight and nine doses. They found that the younger the child, the more quickly does the Wassermann reaction become negative. They have not found the administration of salvarsan by intravenous injection in children to produce any bad effects.

Salvarsan in Hereditary Syphilis.

Drs. Holt and Brown, New York, summarize their paper in the *Amer. Jour. of Children's Diseases*, September, as follows:

1. Immediate and striking benefit follows the injection of salvarsan in hereditary syphilis, and this is seen in many patients in whom mercury has been used with little or no apparent

benefit. 2. Salvarsan must be given intravenously; with the technic which we have described its administration is not difficult and it is practically free from danger. 3. A single dose of salvarsan does not cure hereditary syphilis, although it often removes the visible symptoms. Relapses, however, are to be expected unless the dose is repeated. With present experience it seems advisable to repeat the injections at intervals for one year, even though no symptoms are present. 4. The best results in hereditary syphilis are undoubtedly obtained by the early use of salvarsan followed by mercurial treatment. 5. Even with the aid of the Wassermann reaction it is difficult to say when a child with hereditary syphilis is actually cured.

Diabetes Insipidus.

Dr. J. Benario, in *Mauchener Med. Woch.*, reports seven cases which confirm the importance of the Wassermann test as clearing up the etiology of diabetes insipidus; specific treatment as for syphilis soon cured all the morbid manifestations. Polydipsia and polyuria, as symptoms accompanying cerebral syphilis have long been known, especially syphilitic lesions in the intermediate part of the hypophysis. This part of the hypophysis seems to have a direct diuretic action. Gummatous tumors in the hypophysis, especially in the posterior lobe, evidently are capable of inducing diabetes insipidus. The development, retrogression under specific treatment and other changes in these gummatous tumors readily explain the variability of the diabetes picture, and also the inefficacy of treatment if sclerotic changes have already become installed. Gummatous processes in the nasopharyngeal cavity are particularly liable to spread backward to the sella turcica and the hypophysis. With polyuria in the tertiary phase of syphilis, traces of destructive processes in the nasopharynx are common. In every case of diabetes insipidus, therefore, acquired or inherited, syphilis should be suspected even in the absence of any history or signs of it. Examination of the blood and of the cerebrospinal fluid by the Wassermann technic will aid in the differentiation.

Carcinoma of Prostate.

Dr. R. J. Willan in the *British Medical Journal*, July 12, says that the average duration between the onset of symptoms and the patient seeing a surgeon was fourteen and a half months in the thirty-three cases analyzed by him. The average age was 61. The onset symptom was increased nocturnal frequency of micturition in 40 per cent., and gradual obstruction to urination in 30 per cent. of the cases. Pain was variable, and not characteristic. Urinary obstruction was a marked feature: 72 per cent. had complete retention, and a further 24 per cent. partial retention. Hematuria was not common; probably 82 per cent. were without bleeding. On rectal examination 70 per cent. showed hard nodules, with fixity of the gland. The average duration of the disease from onset of symptoms to death was twenty-eight months. Young's statistics that 21 per cent. of removed prostates show a malignant tendency cannot be ignored. If these figures are accepted, it is a surgeon's duty to remove the gland by operation immediately it begins to cause symptoms. The risks of the operation then are smaller

than the risks should malignancy supervene. Treatment recommended when a diagnosis of carcinoma has been made: (a) in the absence of residual urine, give a urinary antiseptic, with opium for the pain when necessary; (b) if there is residual urine, begin catheter life, using a large-sized hard catheter; give a urinary antiseptic, with opium if necessary; (c) if there is obstruction, or, if catheter life is intolerable, establish a permanent suprapubic drainage.

Chronic Appendicitis

Dr. Krecke, in *Muensheuer Med. Woch.*, says:

It is notorious that operations for chronic appendicitis by no means always result in complete relief of the symptoms. The proportion of failures reported by eminent surgeons is far from uniform, varying from very few according to Sonnenburg to 40 per cent. in the careful statistics of Melchior and Loeser. Krecke has followed up the results in 70 cases, in which operation showed chronic inflammatory changes in the appendix. Of these, 21 cases (i. e., 30 per cent.) were not relieved by operation. What is the cause of this large proportion of failures? Apparently the fact that in these cases, the chronic inflammatory process was not confined to the appendix but involved the cecum and probably all or part of the colon. This condition (mucous colitis) is characterized, on the one hand, by a catarrh of the mucosa and, on the other hand, by a weakness and atomy of the muscularis, sometimes perhaps by an excessively long mesentery.

The differentiation between this condition and true appendicitis is obviously very important. The following suggestions are based upon the writer's extensive experience:

1. In appendicitis the character of the pain is apt to be boring or cutting, in colitis more of a dull ache or discomfort.

2. The site of the pain in appendicitis is primarily the right lower quadrant, whereas in colitis other portions of the abdomen are often involved.

3. A paroxysmal occurrence of the attacks speaks rather for appendicitis.

4. An influence of exercise or menstruation upon the pain suggests colitis, appendicitis being unusually uninfluenced by external factors.

5. If repeated examination shows the site of tenderness constantly localized at McBurney's point, the diagnosis of appendicitis is justified. In colitis there are usually also other points of tenderness, especially over the sigmoid flexure. On the other hand, a true recurring, chronic appendicitis may, on repeated examination, fail to show any points of tenderness.

6. A sausage or cushion-shaped resistance in the ileocecal region speaks for a colitis, or at least for a participation of the colon in the chronic inflammatory process.

7. Constipation, fermentation, mucus in the stool, are signs of colitis. The latter may, however, be the cause or the result of a chronic appendicitis.

8. An improvement of the symptoms, as the result of a physical and dietetic therapy, speaks against appendicitis.

9. General neurotic symptoms speak against appendicitis.

In the concrete cases the diagnosis may be

very difficult or even impossible. Two precautions will often save the surgeon from failure. First, a diagnosis should never be made as the result of a single examination. Tenderness, constantly confined to McBurney's point, is of the greatest importance. Secondly, the general, especially the psychic, make-up of the patient must be considered. If the patient is neurotic, or obsessed by a fear of appendicitis great caution in making a diagnosis is necessary. Often enough, a definite diagnosis will have to be deferred and the patient instructed to return at the first recurrence of suspicious symptoms. This course is much to be preferred to operation in the absence of definite indications.

County Medical Societies' Reports

ATLANTIC COUNTY.

Byron G. Davis, M. D., Reporter.

The Regular November Meeting of the Atlantic County Medical Society was held at Park Avenue Hall, Hotel Marlborough, Atlantic City, on Friday evening, November 21st, 1913, at 8:30 o'clock.

The following members were present: Drs. Bartlett, Berner, Bullock, Conaway, Charlton, Clements, Carrington, Darnell, Davis, Fritsch, Guion, Garrabrant, E. H. Harvey, Harley, Ireland, Jonah, Joy, Leonard, Lee, Marshall, Martin, Miller, E. Marvel, P. Marvel, Pollard, Poland, Ritter, Reynolds, Snowball, Stewart, Stern, Schmidt, Toggart, Williams and Wiener.

On motion, the visitors present were made members for the evening.

After the usual routine of business, including reports of committees and report of Board of Censors, who endorsed the name of Dr. W. Scanlon for membership, the following scientific programme was presented:

Paper, "Some Ocular Manifestations of Hysteria," by Dr. Walter Baer Weilder, of New York City.

This paper was discussed by Drs. Frisch and Pollard.

Paper, "Cardio-Vascular Renal Conditions, Excluding Valvular Lesions," by Dr. Hobart A. Hare, of Philadelphia.

Dr. Hare, who had with him for demonstration several makes of Blood Pressure apparatus, introduced his subject with a detailed description of the mechanism of various manometers, comparing especially the "Mercury" with the "Spring" apparatus, taking up the advantages and disadvantages of each and laying particular stress upon the style of cuff for practical purposes, which should be used.

Dr. Hare, in his paper, emphasized the importance of taking into consideration that it is impossible to make a standard average blood pressure which is applicable to every case coming under observation, but that a patient's age, habits of living and general make-up must be considered and a standard for that particular patient decided upon before studying the variations in the case. For example, he says a man who has been a "high liver," who has a marked arterio-sclerosis and whose capillaries are tough and non-resilient, requires a strong pumping force to drive the blood through his non-elastic capillary system; hence his blood pressure reading will be high—a compensation blood pressure.

In other words, the average normal blood pressure of, say, 130 millimeters of mercury would be abnormal for him. Thus Dr. Hare establishes his so-called "Abnormal Norm." In closing, Dr. Hare reviewed the importance of careful blood pressure readings in Pneumonia and in Obstetrics.

Dr. Hare's paper was discussed by Drs. Martin, Stewart, Marvel, Miller, Williams, Carrington, Pollard, Ritter, Stern, Toggart, Joy and Poland.

Dr. Hare closed the discussion. A rising vote of thanks was given the speakers of the evening.

BERGEN COUNTY.

Fred. S. Hallett, Secretary.

The Regular Monthly Meeting of the Bergen County Medical Society was held in Hackensack, November 11th, 8:15 P. M.

The President, Dr. Edwin Holmes, occupied the chair. Twenty-nine members were present.

The scientific program was as follows: Dr. C. C. Beling, Newark, read a paper on "Cerebro-Spinal Syphilis;" Dr. H. S. Martland, Newark, on "Inter-Spinus Treatment of Syphilis." These papers were very interesting and instructive. Dr. Martland illustrated his subject with lantern slides.

The society was honored by the presence of our State Secretary, Dr. T. N. Gray, who took part in the discussion of the papers.

BURLINGTON COUNTY.

D. F. Remer, M. D., Reporter.

The October meeting of The Burlington County Medical Society was held at the State Institution for Feeble Minded Women, at Vineland, N. J., on Tuesday, Oct. 14, at 12:30 P. M.

The Society met at the above place on the invitation of Dr. Madeline H. Hallowell, Medical Director of the Institution.

Dr. Hallowell demonstrated the different means by which the Feeble Minded Women are kept busy and made useful. All forms of employment are given to these women according to their abilities to perform their duties.

The demonstration was very instructive and we took great interest in the work Dr. Hallowell is so ably directing.

A very bountiful and enjoyable luncheon was served.

Next meeting of the Social will be the Annual Meeting, to be held at Mt. Holly in January.

CAMDEN COUNTY.

Albert B. Davis, M. D., Reporter.

The Regular Fall Meeting of the Camden County Medical Society was held Tuesday, October 14th, with the retiring President, Dr. John K. Bennett, in the chair. It was the annual meeting for the election of officers, and the following were unanimously elected:

President, Joseph L. Nicholson; Vice-President, E. A. Y. Schellenger; Secretary, Daniel Stroock; Assistant Secretary, Alexander Seanlin Ross; Treasurer, William H. Pratt; Reporter, Albert B. Davis; Historian, Alfred Cramer, Jr.; Censors, Joseph L. Nicholson (1915), John R. Stevenson (1916), William A. Wescott (1917), William H. Iszard (1918), Henry H. Davis (1914) (to fill unexpired term of William A. Davis, deceased); Trustees, H.

Genet Taylor (1914), Dowling Benjamin (1915), Paul H. Markley (1916).

Committee on Scientific and Literary Work—Grafton E. Day, Chairman; Thomas B. Lee, William C. Raughley.

Legislative Committee—William A. Wescott, Chairman; Walter S. Bray, Leslie C. Lyon.

Committee on Arrangements—A. Haines Lippincott, Chairman; John F. Leavitt, Grant E. Kirk.

Annual Delegates to the Medical Society of New Jersey—Paul M. Mecray, Chairman; Marcus K. Mines, Edward B. Rogers, William W. Kain.

Delegates to Atlantic County Medical Society—Alexander McAlister, Chairman; Milton M. Osmun, Horace L. Rose.

Delegates to Burlington County—Henry H. Sherk, Chairman; Henry F. Bushey, Charles H. Jennings.

Delegates to Cumberland County—Alfred M. Ellwell, Chairman; Edgar Howard, William W. Knowlton.

Delegates to Gloucester County—Howard F. Palm, Chairman; J. Anson Smith, Emma M. Richardson.

Delegates to Salem County—Ernest G. Hummel, Chairman; Levi B. Hirst, Jesse L. Mahaffey.

The address of Dr. Bennett, the retiring President—which is sent you—was received with much appreciation, after which the customary dinner was enjoyed by all.

CAPE MAY COUNTY.

Eugene Way, M. D., Secretary.

The Thirtieth Annual Meeting of the Cape May County Medical Society was held in the Spectatorium, Cape May Court House, on Tuesday, October 7th, 1913, at eleven o'clock A. M.

The meeting was called to order by President Dr. Margaret Mace.

New members elected were Alonzo L. Leach, F. W. Hughes, Allen Corson and Robert C. Scott.

The report of the Board of Censors was presented. There was an excellent symposium on mosquitoes, consisting of an illustrated lecture by Professor Allen J. Smith, M. D., L. L. D., of the University of Pennsylvania, Philadelphia, Pa.; an illustrated lecture by Dr. T. J. Headlee, State Entomologist, New Brunswick, N. J., and addresses by Congressman J. Thompson Baker, Mayor R. A. Atwater, State Senator H. C. Wheaton, Assemblyman William Porter, County Superintendent Aaron W. Hand, and members of the Cape May County Mosquito Extermination Commission.

The discussion was opened by Dr. James Hunter, of Westville, N. J., Councilor of the State Medical Society.

There being a vacancy on the Red Cross Committee, W. P. Haines was elected in place of S. E. Ewing, deceased.

The Treasurer of the Society reported a balance of \$42 on hand.

The public in general, including 100 scholars from the Cape May Court House High School, were in attendance. The meeting was the most interesting in the history of the Society.

The Constitution and By-Laws were amended, making October the time of the annual meeting.

The following officers for the year 1914 were elected:

President, Dr. Clarence W. Way, Dennisville; Vice-President, Dr. Emlen Physick, Cape May; Secretary and Reporter, Dr. Eugene Way, Dennisville; Treasurer, Dr. H. H. Tomlin, Wildwood; Board of Censors, Dr. I. N. Griscom, 1915; Dr. Duncan W. Blake, 1916; Dr. H. H. Tomlin, 1917; Permanent Delegate, Dr. Randolph Marshall; Annual Delegate for 1914-15, Dr. Julius Way; Alternate Delegate, Dr. Allen Corson; Delegate to the Gloucester County Medical Society, Dr. Duncan W. Blake; Committee on Public Health and Legislation, Doctors Julius Way, V. M. D. Marcy, J. M. Dix.

The President announced the death of Dr. S. E. Ewing, which occurred in June, and Doctors Julius Way and J. S. Douglass were appointed a Committee on Resolutions.

The Society then adjourned to meet at Cape May Court House in April, 1914.

ESSEX COUNTY.

Frank Wilcox Pinneo, M. D., Reporter.

The treasurer of the Essex County Medical Society has just issued statements of dues to the members. In answer to some enquiries for explanation, he wishes to take this opportunity of saying the present statement covers the year beginning January 1st, 1914, and ending January 1st, 1915; that it will be noticed there is no charge for dues for the County Society for this period, as the treasury will be able, barring extra expenditures unforeseen, to get along without any assessment until October, 1914, for the succeeding year, 1915. The dues paid at the annual meeting held last April will, therefore, cover one and two-thirds years. If anyone asks why the item for the State Society is for 3 instead of 2 dollars, including one dollar for the Journal, the explanation by them is the need for more funds especially on account of "medical defense." The change of the fiscal year to correspond to the calendar year, in harmony with the State and other County Societies, was decided upon in April and fully written up in this County report in the Journal for May (page 617) and October (page 246), to which the reader is referred.

At the annual meeting of the County Society, newly held on October 7th, Dr. Hawkes presiding, the election of officers was, on motion, laid over, thus extending the term of those elected last April. The President's address was likewise deferred. The attendance was very large, as recently at the County Society meetings, which is a good indication of the interest members are taking in the business matters of the profession.

Dr. Joseph C. Bloodgood of Johns Hopkins University addressed the County Society October 4th on "Control of Cancer through Recognition and Treatment of Pre-Cancerous Lesions."

The burden of the doctor's message was—Recognize the common sequence from harmless tumors or ulcerations to cancers; advise operation for removal without waiting for malignant signs. True, this will remove some moles, for example, which never would have proved to be cancer, but this propaganda will save so many cases of the familiar sequence, and can do so little harm even in the unnecessary ones that the inevitable result on mortality statistics will

prove it justified. Indeed he stated that already the contrast in statistics of cancer in Baltimore for the past few years under this practice with a period prior thereto has already shown a marked difference. Again, the present propaganda to instruct the laity in prevention of cancer will be helped, as they will consult medical advice for these lesions, which they do not now. On the important question how to know what are the pre-cancerous lesions he could give no pathognomonic sign, but included all such as we know by experience ever lead to cancer. Lantern slides illustrated many of the cases quoted.

Dr. Frederick J. Cotton, of the Massachusetts General Hospital, addressed the Academy of Medicine of Northern New Jersey October 15th on the "Treatment of Elbow Fractures; a Mechanical Problem." Limiting his subject to the fractures at the elbow it was yet so full that the evening was too short. On treatment, repeated emphasis was laid on Acute Flexion for practically all of them. The mechanics of it was proved correct and the results coincide. An exception is supra-condyloid fracture. This demands right-angled flexion (or a little less). Almost no kind of case should be fixed in extension. Passive motion is always bad, i. e. assuming it means motion to the point of pain. No open operation is indicated unless there be bone fragment in the joint (known by x-ray). Perhaps the greatest importance lies in making a careful analysis of each case and not assuming that the fracture is of any specified kind. The doctor's address was noteworthy in the importance of the subject, but, especially, in the admirably thorough, scientific and interesting manner of its presentation.

Dr. Fred A. Albee, whose fame from his operation for Pott's Disease makes New Jersey proud to number among her members another who has advanced Medicine along the line of Attainment and Benefit for the Sick (although he is thought to come from across the Hudson), addressed the William Pierson Medical Library Association October 21st on "Original Uses of the Bone Graft: Researches in Bone Growth." The correctness of Dr. Albee's observations and the value of their application in practice was well demonstrated by him and corroborated by those who have accepted his methods of bone-grafting. Especially for Pott's Disease have they opened a way of advance for more rapid cure.

The Essex County Pathological and Anatomical Society presented at the regular meeting October 9th the following program:

Case Presentations:

1. A Case of Myelogenous Leukaemia treated with Benzol, Dr. Leyenberger;

Specimen Presentations:

1. Teratoblastoma of Kidney (Wilms Tumor).
2. Double Hernial Sac, Dr. Paul;
3. Tumor of Frontal Lobe, Dr. Beling;
4. Teratoma Testis, Dr. O'Crowley;
5. Endothelioma of Ovary, Dr. Haussling.
6. Specimens from Pathologic Laboratory of City Hospital.

Paper:

"Some recent advances in the study of the Cerebro-Spinal Fluid" (Lantern Slides), Dr. Martland.

A movement of remarkable worthiness in the profession in a great city has just started among

the Italian physicians of Newark to end the abuse of Contract Practice. All of them, twenty-five in number, have organized a new "Italian Medical Society of New Jersey," whose object is to end the practice of treating lodge members on any contract basis, only as individual private patients. Dr. P. Megarro was elected president, Dr. A. Biachi treasurer and Dr. F. DiMatteo secretary. On expiration of present contracts all members are pledged to abolish the old evil. They appeal to other members of our profession to take as firm a stand and our County Societies to take more drastic action than they have ever had courage to; this being cogent reasoning as they are all members of the County and State Societies.

The Academy of Medicine of Northern New Jersey has held regular Section meetings on Pediatrics, clinical cases: Eye, Ear, Nose and Throat, clinical cases; Medicine, remarks on the International Medical Congress at London by Dr. G. K. Dickinson and Dr. H. L. Coit, and Surgery, a paper on Acute Pancreatitis by Dr. John F. Erdman of New York.

The "Newarker," a publication by the Newark Public Library in the interest of civic activities, has issued a medical library number containing original articles and statistical information of medical interest.

The meeting of the Section on Eye, Ear, Nose and Throat of the Academy of Medicine of Northern New Jersey, October 27th, was one of unusual interest in the presentation of clinical cases: one a pulsating carotid artery visible in the throat; three cases of foreign body in the eye; specimens of pathological interest, etc. Dr. John H. Erdman's address to the Section on Surgery, October 28th, on Surgical Treatment of Acute Pancreatitis, was one of the events with a visiting speaker in which Essex County abounds, affording its constituents ample opportunities for instructive contact with eminent workers from other fields. Five such events have occurred during October and November alone. The Section on Pediatrics met November 6th, presenting cases—all by our own members—of poliomyelitis, anemia, pelvic peritonitis, congenital syphilis and some unusual cases.

The Section on Medicine met November 11th to hear a paper, and most interesting it was, by Dr. Louis F. Bishop, on the Practical Application of our newer knowledge of the Heart-Beat in Clinical Medicine, being a review of some points brought out at the Seventeenth International Medical Congress at London. A few of the points were the importance of reading any record by the polygraph as interpreted by its own relative curves rather than as absolute curves of force; that, e. g., the interval between the curve of auricle and of ventricle following is constantly 1-5 second; that the "C" curve is always 1-10 second in advance of radial pulse; that the exact form of a given curve is unimportant, being affected by adjustment of instrument, etc. On irregularities he classified six, as follows: Sinus arrhythmia (not pathological) heart-block, extra systole (commonest), tachycardia (cardiac and other causes) fibrillation of auricle (digitalis the cure), alternation of pulse (large and small beats, failure in contractility and difficult to treat). On treatment he cited the conclusion of the International Congress that strychnine is no heart tonic; that digitalis is unrivaled by any drug in the phar-

macopeia for its purpose, a statement that interests those who have that conviction from their own experience. On the theory of the cause of the heart-beat there was no difference of opinion nor even discussion—that it is myogenic (not neurogenic). He gave Dr. James Mackenzie the highest credit for modern advances by means of the polygraph.

A most noteworthy meeting was that on Thursday afternoon, November 20th, to hear Dr. George W. Crile of Cleveland on "The Kinetic System." The large hall of the Newark Board of Trade was used and the audience more than comfortably (!) filled it, listening intently to a full presentation of the captivating theory that the body has a definite set of organs with internal secretions for transforming potential into kinetic energy; that the brain, thyroid, adrenals and muscles, with the liver contributing, are such a chain and capable of expenditure of energy without usual manifestations but with great exhaustion, even destruction, of their cells, thus throwing great light on obscure diseases like Graves', Addison's and Shock from any cause (traumatic, surgical, or psychic). His stereopticon slides embraced an extensive series of laboratory experiments and autopsies revealing similar nerve cell changes in these conditions and their avoidance by use of means of nerve blocking, as "anoci-association" in anesthesia. It is pioneer work of the highest order that Dr. Crile is doing in lending inspiration to advanced thinking and logical working in the field of causation of disease and its prevention. His paper in full for the Journal has been requested and is hoped for.

The Section on Eye, Ear, Nose and Throat met November 24th. Clinical cases and a paper on Complications and Sequelae of Tonsilectomy made a profitable program. The Section on Gynecology met November 27th and discussed a symposium on Pelvic Inflammatory Disease, pathology, diagnosis and treatment.

The Essex County Pathological and Anatomical Society, beside the usual rich supply of material in specimens for instructive interest, had at the regular meeting November 13th a paper on the value of autopsy and its relation to medical progress in America, a timely consideration which should be an incentive to all practitioners to obtain and use to the utmost possible opportunity of post-mortem observation. The programme was as follows:

Presentation of Specimens:

1. Primary Growth of the Pleura, Dr. H. Cook.
2. Two Goitre Specimens, Dr. H. Epstein.
3. Thrombosis of Superior Mesenteric Artery, Dr. Sutphen.
4. Goitre Specimen, Dr. Haggerty.
5. Chronic Infection of the Kidney; Gallstones, causing intestinal obstruction, Dr. Paul.
6. Pyelonephritis due to Calculi, Dr. Haussling.
7. Specimens from the Pathologic Laboratory of the City Hospital, illustrating Cerebral Hemorrhage, causing sudden death; Traumatic Rupture of the Liver; Interstitial Myocarditis with calcification; Multiple Polyposis of the Stomach, and others.

Paper. The Future of American Medicine in its Relation to the Autopsy, Dr. Martland.

The paper stated autopsy statistics here and abroad, and opened several questions which

should be of interest to the profession at large. The paper was discussed by several members.

The William Pierson Medical Library Association, Orange, held one of its good meetings on November 18th, with a lecture on Fractures by Dr. Lewis A. Stimson, who fully met the expectations of those who came to hear him on this all too broad and important topic, giving out of his long and distinguished experience a citation of diagnostic and therapeutic points which were invaluable.

Dr. Harvey W. Wiley addressed the Contemporary Club of women on November 4th, speaking on the Importance of Economy and Wholesomeness in the Family Food Supply. It is encouraging to hear this outspoken advocate of intelligent feeding of human beings and honest dealings between seller and buyer sturdily fighting for food reform when most of the people are either interested in tolerating present conditions or think extreme the demand for greater purity and wholesomeness.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The regular meeting of the Hudson County Medical Society was held at Odd Fellows' Hall, Bergen Square, Jersey City, on October 7th, 1913.

Minutes of last meeting read and approved.

On behalf of Water Committee, Dr. G. K. Dickinson reported that everything Dr. G. E. McLaughlin had desired, in the watershed, had been done by the present commissioners.

The following were duly elected to membership in the Society:

Dr. John M. Cassidy, 35 Bergen Avenue, Jersey City; Dr. Frank Bortone, 811 Montgomery Street, Jersey City; Dr. Wm. J. Sweeney, North Hudson; Dr. Wm. A. Pindar, Woodcliff, N. J.

On motion, duly carried, it was decided to hold all the society meetings for the ensuing year at Odd Fellows' Hall, Bergen Square. This hall has a public telephone, and hereby eliminates an objection to the former meeting place.

The Society proceeded to election of officers; result:

President, Dr. E. T. Steadman, Hoboken; vice-president, Dr. H. J. Bogardus, Jersey City; secretary, Dr. Chas. H. Finke, Jersey City; treasurer, Dr. Henry Brinkerhoff, Jersey City; reporter, Dr. William Freile, Jersey City.

Dr. Wallace Plye, the retiring president, thanked the members for their support during his term of office, and hoped he would in future, as in the past, be found among the ten or fifteen members who usually came early and helped to expedite the business part of the meetings.

Under interesting cases, Dr. George E. McLaughlin cited one instance that occurred in the practice of an out of town friend of his. A baby who lived for four days passed no urine during life, and died on the evening of the fourth day. Vomiting persisted during the entire period of existence. Autopsy showed marked and extensive uric acid infarcts of kidneys. He presented the specimens and regretted that they did not show up as well as they had done previously, inasmuch as they were now three months old.

Dr. T. R. Chambers had some interesting

cases of laryngeal tumors. He emphasized the fact that we may encounter paucity of symptoms with extensive and lethal pathology, or well marked symptoms with amenable pathology. He divided tumors in this region into benign, semi-malignant and malignant, and briefly defined the usual situations, etc., for abscess, papilloma, myxoma, warts, fibroma, cystoma, lipoma, angioma, enchondroma, and edenoma, and cited the fact that all of these, if attacked early, gave good prognosis. The malignant group included epithelioma, endothelioma, sarcoma, pachyderma, tubercular and syphilis. The symptomatology of these tumors is generally pain, more or less,—interference with voice and breathing and if growth be large—dysphagia.

Illustration disparity of symptoms he spoke of—

Case 1. Man thirty-six years old, lost voice, no pain, tumor (specimen shown) removed in two pieces. Immediately his first words were "I can talk."

Case 2. Man sixty-six years old. Had attend clinic in New York, weekly, for two months, and was given a gargle and medicine and advised each time that "he looked the same." Evidently a diagnosis was not made. He was somewhat hoarse but did not complain of dysphagia. On cocaineizing his throat an immense globular rounded obstruction to the larynx presented, which with his petty symptoms, would justify the suspicion of an abscess. Realizing the danger of an inside opening, a knife was stuck in just outside of epiglottis, and a firm resistance encountered. Only blood came away. He returned to work. Arrangements were made with Dr. Youkamer to do a hemi-laryngotomy the next afternoon. The man came to Dr. Chambers' office the next afternoon, and as he had some time to wait, he went out and visited a restaurant and suddenly died. The larynx presented was removed by Dr. King post mortem, and the slides of this unique case (also shown) were prepared by Dr. McLaughlin, and demonstrated a beautiful example of squamous epithelioma.

Dr. E. T. Steadman arrived at this time, and was conducted to the chair which had been occupied by Vice-President Bogardus. Dr. Steadman thought they had made a mistake in electing him, inasmuch as outside of being President of the Practitioner's Club he had not much experience in leading a body of men.

Dr. F. D. Gray was reminded by Dr. Chambers' remarks about rapidly growing tumors of a case which he had operated on since last meeting. A paper he listened to recently before a distinguished medical society was:

"Ovarian Cyst Developing in Nine Days." He thought a better title would have been "Ovarian Tumor Developing in Nine Days," as the subsequent evidence in the case proved that the growth was present a long time before. He presumed the only way to demonstrate the time of a growth would be to have an opportunity to operate and not find a tumor, and then to operate again at a later date and find it. Tumors are often latent in their symptoms—a carcinoma of sigmoid operated on fifteen months ago. No evidence of ovarian disease. Seven months ago patient developed an abdominal enlargement simulating a full time pregnancy. He was disturbed, having in mind the possibility of a recurrence in the line

of a carcinomatosis. At operation in addition to a large quantity of ascitic fluid a growth presented from the left ovary, as large as a man's head. Section showed it to be a papillary cystoma of ovary. This case gave the unusual opportunity to prove the time (fifteen months) required for the growth of the tumor, and was also interesting in showing that there was no recurrence of malignancy in the caecum or peritoneum, but the liver was found full of considerable sized nodules, proving the transference of the carcinomatous disease, undoubtedly through the circulation.

Dr. G. K. Dickinson deplored his mistakes in diagnoses. Perhaps the internists make as many. They get cock sure and lie back on their opinion's but the surgeon has to prove things out. For the past few years he felt that a diagnosis of hepatic cirrhosis could not stand unless proved by explanation. He detailed three cases where the lesions were far from the mark. One was a kidney sac containing three gallons of urine; another a papillomatous ovary; the third showed a large cyst adenoma of ovary with adhesions to abdominal wall and viscera. He commended a four inch incision, evacuation of fluid, and locate and handle the pathology.

Dr. M. A. Swiney cited an odd case where a pregnant woman within two weeks of term, manifested a group of symptoms much akin to eclampsia, and who appeared to be dying, but rallied, and ten days later had a precipitate labor without any evidence of pain. Two days post partum she had another similar attack with convulsions. At no time was albumen present in urine. Dr. Faison saw this woman in consultation, and considered it was a case of uraemia without albumen present in urine. The patient after six or eight weeks fully recovered.

Dr. S. R. Woodruff stated that he thought palpation of the kidney was almost a lost art. If proper pains are taken, if necessary catheterization, careful analysis and radiography, a correct diagnosis may nearly always be made. He cited a case where the appendix and ovary had been removed, without relieving the patient. X-ray and catheterization showed stone in kidney, and at operation the calculus was removed, and the unfortunate victim relieved.

Dr. E. T. Steadman gave details of a case sent to his service at the hospital. The patient was a woman who being taken in labor, was watched for hours by a midwife who finally concluded something was wrong. A doctor called in, found prolapsed funis and transverse presentation. He attempted to deliver, and suddenly the body of the child did deliver, and the head disappeared. On examination at hospital an empty uterus was found, and a tear into the left lateral vaginal fornix, involving the broad ligament. After considerable exploration through this rent, the head was finally located under the spleen and removed. Notwithstanding the almost moribund condition, the woman did well for six days, when she died suddenly.

Dr. W. L. Pyle narrated a case of intestinal obstruction in a boy who was operated on eleven hours after the suspicion of obstruction, and thirty-five hours after the first abdominal pain, but notwithstanding, the operation showed four feet of dead ileum cut off by an adhesion band. The child died in twenty-four hours.

Dr. Pyle wondered if we can make a diagnosis early enough to get results.

Dr. W. F. Faison related that within the last nine months he had operated on mother and daughter for malignant papilloma. These tumors grow rapidly and end fatally. The daughter came under the knife exactly six months to the day, after the mother. In this last case the growths varied from size of cocoanut to twenty-five pounds. She recovered from the operation, but will, of course, die. It is a good plan to make an incision from the ensiform down and endeavor to remove these neoplasms without breaking, and thereby prevent the spread of the malignancy.

The speaker emphasized the fallacy of promising too much to patients or their friends where any symptoms of internal carcinoma existed. He recently had a woman thirty-one years old, who, from the time she was three months' pregnant, vomited persistently until premature labor, induced at seven and a half months, obtained a live child. The patient had been assured by her attending physician that all would be well when the uterus was emptied, but unfortunately, three days post partum her emesis returned. On examination a mass could be plainly felt in the epigastrium, and laparotomy disclosed a carcinoma of the stomach. After operation in these cancer cases there is a psychic effect of getting well, and much false hope is often engendered.

Dr. J. L. Rosenstein saw a woman with obscure pelvic symptoms—bleeding, etc., and against several other opinions, he concluded she was pregnant. Another physician, called, refuted the possibility. The narrator saw her again the following day, and on careful examination found a double uterus and double vagina. The upper organ was the functioning one, and he emptied it.

Dr. M. I. Marshak, attending physician to Bayonne Tuberculosis Clinic, gave the complete history of a case illustrating "Factor of Safety in Lung Tissues, also Pulse Pressure as Prognostic Sign." He exhibited X-ray pictures taken by Dr. Haxford, and the members conceded that they were the best lung plates they had ever seen presented.

Lack of space prevents the insertion of the complete details of this instructive case, but Dr. Marshak brought up for discussion two interesting points—the persistence of lung fistula after disappearance of pneumo-thorax, and the heart shoved well over without twisting vessels.

The new President, Dr. E. T. Steadman, the essayist of the evening, read a paper entitled "Indications for Caesarian Section." (Dr. Steadman's paper was requested for the Journal to publish.)

The discussion of the paper was opened by Dr. G. K. Dickinson. He said it was a good while since he had done anything in obstetrics. In the early days it was rip and tear, and then as now, a good part of the surgical work was due to bad obstetrics. He believed the men could do and were anxious to do good work, but the small fee of ten, fifteen or twenty dollars was not much of an incentive. One's judgment is not so good before the breakfast hour as it is a little later, and with the toxin of fatigue the pressure of other duties, when one feels that it is time for something to come out, one is apt to hurry a little. It took more

than ten years to train the public regarding appendectomy, and he hoped there would be another swing of the pendulum for muscle hysterotomy in suitable cases, such as narrow bony pelvis; ventral fixation uterus; placenta praevia—particularly with complete implantation. He had a great deal of respect for Dr. Zinke of Chicago in things obstetrical, who feels that eclampsics can be divided into two classes—(1) Those who are going to die because the kidneys and liver are hopelessly damaged, and (2) those who will live whether you do a Caesarean section or other method of delivery, or use veratrum viride fifteen drops every hour till impression on the pulse. He says there is no case that does not show any improvement on this treatment that will recover by any treatment.

Dr. F. D. Gray was convinced that the contraindications for Caesarean section should be well kept in mind. In the hands of a capable operator, and in the absence of those elements which make for sepsis prior to surgery, the procedure was comparatively safe for mother and child; but in the presence of frequent and dubious manipulation, or any other condition where sepsis is invited, the indications are overcome, and perhaps in these cases a pubiotomy would be a better selection.

Dr. W. L. Pyle was reminded of an indication for Caesarean section in that the smallest woman takes a friednish pride in having the biggest baby on the block.

Dr. Joseph M. Rector said we should remember there are two lives at stake. The mother being a recognized member of society, and having the home to look after, etc., should have paramount consideration. The life of the child is an unknown quantity, and even up to a certain stage of its existence uncertain. Caesarian section was not the bugbear of former years—perhaps not more than a hysterectomy, but carried some danger just the same as any other invasion of the abdomen. He thought the attending physician would be negligent who permitted a patient with a contracted pelvis to expose herself again to the repetition of danger. He hoped commercialism would not sway any physician in caring for pregnant women. No matter what the price, the moral obligation was assumed, and he thought there was enough spirit in the members of the society to view the matter from the proper standpoint.

Dr. W. F. Faison believed there is more danger in house obstetrics than in celiotomy by competent operator in hospital. He advocated removing the uterus (after section) in cases that have been potentially infected. Many women get over the usual obstetrical disturbance, but often the morbidity persists. He urged the crying necessity for a maternity hospital. In commenting on Dr. Rector's remarks he felt the embryotomy was not a simple matter, or one to be undertaken lightly. Regarding placenta praevia with undilated cervix in a primipara, it would be a question whether or not this presented an indication for Caesarian section, but he would inveigh against treating this type of case at home under bad surroundings, and recited an instance of sudden death therefrom, which he had encountered only the previous night.

Dr. Swiney brought to the members' attention the results obtained in three cases of con-

tracted pelvis, by limited or starvation diet. In these instances he managed to get small children, and the efficacy was proven by the fact that these patients by various processes had all had dead babies previously. He differed with Dr. Rector as to our attitude toward the unborn child's life. No one could tell what it would be, and he felt that hardly any obstetrician could be found who would today do an embryotomy on a living baby.

Dr. C. L. DeMerritt was of the opinion that Caesarian section will be on a better foundation when the practice of obstetrics is recognized more as a specialty and the body of men engaged therein get together.

Dr. William Matthews felt that much of the bad results in Caesarian section cases came from the fact that these cases had usually been severely and carelessly manipulated before the surgeon sees them, and often consent is only given when the patient is almost moribund. He detailed a case proving this contention.

Dr. H. H. Brinkeroff mentioned that the State Secretary's report showed that the annual per capita tax would be \$3. This will necessitate an increase in the dues. A balance in the treasury of \$500 has now dwindled to \$50 or \$60. The per capita tax is due next May; society dues in January. Dr. F. D. Gray thought the society will have to adjust the dues to meet the new conditions, and he moved an amendment to the by-laws that the annual dues be \$5.

Dr. Dickinson moved that the president of the society communicate with the Board of Freeholders in reference to the establishment of a maternity hospital in Jersey City.

Dr. Gray told the society that one of their members (Dr. G. K. Dickinson) was president of one of the most important associations in the State of New Jersey—The Academy of Medicine of Northern New Jersey—and he felt that it was modestly on Dr. Dickinson's part that kept him from announcing the meeting to be held at the Wiss Building, Newark, on evening 15th inst., when Dr. Frederick J. Cotton, surgeon to Massachusetts General Hospital, Boston, Mass., would talk on "Treatment of Fractures of the Elbow." He urged a good representation from the society.

Meeting adjourned.

The second meeting of the Hudson County Medical Society was held at Odd Fellows' Hall, Jersey City, November 4th, 1913.

The usual order of business, reading of minutes, etc., was proceeded with, and Doctors Jos. J. Londrigan, 706 Garden Street, Hoboken, and M. Wm. O'Gorman, 38 Erie Street, Jersey City, were elected to membership.

Dr. F. D. Gray spoke on the necessity of paying the annual dues promptly.

The speaker of the evening was W. L. Clarke, M. D., Chief of the department for Electrotherapeutic Research, St. Agnes' Hospital, Philadelphia, who took for his topic, "The Desiccation Treatment of Pre-cancerous Lesions, and Localized Cancer, illustrated by lantern slides."

He thought the subject a timely one, as notwithstanding the fact that many papers had appeared in the medical journals in the last five years, there was not yet much general familiarity with this type of work. For more than this period he had been interested in high frequency

modalities, especially as applied to surgery. He did not intend to read a set paper, but just to treat the subject in a short time in a general way: in brief, to summarize the theory, properties, instrumentation, technic, indications, contraindications and results of desiccation.

Desiccation is the effect on living animal tissues of a thermic application, more than hyperaemia, and less than carbonization. This accurate caloric degree if produced, controlled and sustained will cause rapid dehydration of the part desired to be devitalized, rupture the delicate cell capsule and transform it into a dry mass. This effect may be obtained by the correct application of a delicately adjusted electric current of high tension, which current can desiccate various substances through a sheet of paper without changing or dissolving the paper. The speaker then referred to the technic of placing the electrodes, and the regulation and placing thereof depending upon whether deep or superficial destruction was desired. He stated that the current from an ordinary static apparatus was inefficient, and that the work required a large volume of current, and this was secured from a specially constructed powerful plate machine which he had built specially, and the current therefrom undergoes a physical transformation by introducing into the circuit two accurately measured Leyden jars, and a resonator correctly attuned after the principle of wireless telegraphy. While the current from a coil or other magnetic device, transformed by proper accessories, would produce a coarse destructive action, the insufficient oscillation defeated the referred effect, and perfect control necessary for satisfactory results.

He drew a sharp distinction between desiccation and fulguration, high frequency cauterization, diathermy. Desiccation devitalizes by drying the tissues; fulguration (De Keating Hart) shocks the tissues, producing hyperaemia, and perhaps alters nutrition, but does not destroy; high frequent cauterization does not differ from that produced by ordinary thermocautery, though perhaps deeper in effect, and diathermy is nothing more or less than a cooking process. All these methods have their advantages, when special indications are to be met.

The size and depth of the area that may be desiccated with one application is controlled by the operator. This method is usually contraindicated in such neoplasms as are covered by healthy skin, and as a rule is advised only in lesions where the skin is involved. No blood or lymph channels are opened; the current acts as a styptic; it sterilizes all tissue upon which it acts directly. The rapid repair is probably produced because a desiccated tissue acts as a foreign body, and promotes a positive chemotaxis. The dry crust which forms acts as a natural dressing, and separates at various times, depending on the character of the tissue. Regeneration of skin or scar tissue often takes place beneath the crust.

With correct technic the procedure is not painful. A local anesthetic can be employed in supersensitive individuals, or if the area is extensive and deep, cocaine driven into the tissue by protective galvanism is preferred. In the few rare cases in which a general anesthetic is required, nitrous oxide gas is selected. Ether should not be used on account of its inflammable properties. In defining the condition for which desiccation is indicated, general terms

will be used, and classifications and many interesting details omitted for the sake of brevity.

Warts, elevated moles, x-ray and senile geratoses usually disappear in one application. The crust should not be forcibly removed, as there is often regeneration of skin beneath, and too early removal might destroy it, as well as provoke bleeding. As these apparently innocent growths are often the starting point for malignant disease, their removal is indicated, for other than cosmetic reasons, and with correct technic no contracture ensues, but a smooth surface results, which gradually fades to normal color.

Congenital nevi and acquired pigmentation, such as tattoo marks, etc.—The results in these conditions have been satisfactory in the limited number of cases attempted. The cosmetic result depends upon the character of the lesion, and the necessary depth of destruction, and the care taken to destroy evenly. A few subsequent applications of the X-rays will prevent the development of keloid.

In chronic varicose and other granulating ulcerations, the excessive granulations are first desiccated, then a mild Oudin sparking for a few days. Continuous use of normal saline dressing until healing is advanced. This plan has proved efficient in cases refractory to ordinary methods.

In acne vulgaris a short attenuated spark is used to bombard each lesion, until the area is markedly anemic, which is promptly followed by a hyperaemia. Semi-weekly applications soon show marked improvement, when used in conjunction with constitutional and hygienic measures. Keloid—Good cosmetic result by preceding the X-ray by desiccation rather than by excision. Chancroids can be desiccated without the usual extreme reaction resulting from usual methods.

The speaker next described methods of treating neoplasms in hollow viscera, such as the bladder, and showed the safety of the interrupted desiccating current for this work, as well as for papilloma, caruncle and granulation in the urethra. A decided advantage in thus treating these latter lesions was the mild reaction and no contracture.

The desiccation method had also been found satisfactory for certain tumors of the larynx, and for the benign neoplasms of the throat and pharynx which are usually quite accessible, and the same treatment can be accorded to tonsils when there is any contraindication to an ordinary enucleation.

Granulations in the pharynx are readily destroyed, and an elongated uvula easily shortened. The procedure is also applicable to sessile growths in the anterior nares, to small growths in the external ear, to granulations on the membrana tympani; to the eyelids for xanthoma, to the conjunctiva for trachoma, dry granular conjunctivitis, papilloma, ulcerations, pterygium.

Cancers—Desiccation should be employed alone, only in epithelioma that have not invaded deep structures. Destruction should be thorough and carried beyond into the adjacent normal tissue-sealing blood and lymph channels, rendering metastases less likely. All these cases of malignancy should have the desiccating followed by a short course of x-ray, to guard against possible untouched morbid cells.

In advanced epithelioma with deep involvement of tissue, but no glandular metastases,

curettage or excision is indicated, and should be followed by desiccation where the wound is left open. When necessary to close the incision, the fulguration of De Keating Hart is indicated, and appears to be of some value.

Erosions of the cervix may be desiccated as a prophylactic, and cancer in this location, if inoperable, may be also likewise treated, no anesthetic being necessary, and the inflammatory reaction less than that of the curet and cautery.

In cancer of mucous membranes such as tongue, buccal surfaces, or the lips, unless seen early, the desiccation is not recommended to be employed alone, as the glands are sometimes involved, even though they may not be palpable.

Carbon dioxid snow has been used to meet many of the indications here cited, but it is more destructive, and can not be controlled to the same extent as the current.

Lantern slides were also exhibited by Dr. Clark showing the various lesions and their results.

A rising vote of thanks was tendered to Dr. Clark, and the hour being late, an adjournment was then taken.

MERCER COUNTY.

Members of the Mercer County Medical Component gathered in the Colonial room of the Trenton House last month for the annual banquet of the Society and did justice to a delicious menu. There were no after-dinner speeches, but the doctors enthusiastically joined in a general discussion on various topics of interest to the profession. Drs. M. F. Graver and E. H. Peppol represented the Mercer County Dental Society.

The officers of the Association follow: President, H. R. North; Vice-President, F. G. Scammell; Treasurer, I. M. Shepherd, and Secretary W. A. Taylor.

The physicians present were: Drs. H. R. North, N. B. Oliphant, J. B. Moore, H. B. Costill, George E. Titus, of Hightstown; C. H. Holcombe, J. J. McGuire, I. F. P. Turner, J. H. Dewey, G. A. Schoening, N. H. Koplin, LeRoy Potts, W. A. Clark, C. F. Adams, T. H. MacKenzie, W. S. Lalor, I. M. Shepherd, Samuel Sica, C. H. Waters, George H. Parker, Enoch Blackwell, E. S. Hawke, H. D. Bellis, G. N. J. Sommer, D. B. Ackley, R. K. Adams, W. A. Taylor, T. B. Haas and B. D. Ruben, of Mercer Hospital; Thomas Smyth, of St. Francis Hospital, and J. Wellington Crane, of the State Prison.

PASSAIC COUNTY.

Joseph H. Oram, M. D., Reporter.

The Regular Meeting of the Passaic County Medical Society was held in the Braun Building, Paterson, on November 11th, 1913, with the President, Dr. A. F. McBride, in the chair. There were about fifty members present. After the reading of the minutes of the last meeting, Dr. J. J. Greengrass and Dr. I. Levine were elected members of this Society.

Dr. William Neer exhibited an interesting case of empyema cured by operation, and Dr. T. A. Dingman reported a case of chronic empyema which he had cured by the injection of bismuth paste. Dr. P. E. Bauschenbach cited instances of the occurrence of lateral curvature in cases following operation for empyema.

Dr. E. J. Marsh read a paper on "The Early History of Medicine in New Jersey;" Dr. I. Surnamer read a paper on "Medical Ethics," and Dr. J. M. Stewart a paper on "Contract Practice." Dr. William Flitcroft then spoke on these last two subjects and a general discussion followed.

SOMERSET COUNTY.

Lancelot Ely, M. D., Secretary.

The annual meeting of the Somerset County Medical Society was held at the Ten Eyck House, Somerville, on October 16th, 1913. Dr. F. J. Hughes, the president was in the chair. Ten society members and two guests were present. After the reading of the minutes of the previous meeting. Dr. A. Raymours Stevens, of New York City, read a most instructive paper on "Causes and Treatment of Frequency of Urination," which was freely discussed by those present. The annual reports were read and accepted. The following were elected as officers for the ensuing year:

President, Dr. William H. Merrill, of Somerville; vice-president, Dr. David S. Weeks, of Skillman; secretary, Dr. Lancelot Ely, of Somerville; treasurer, Dr. Arthur H. Dundon, of Plainfield; censor, Dr. Frederick J. Hughes, of Plainfield; reporter, Dr. J. Hervey Buchanan, of Plainfield; annual delegate to State Convention, Dr. David F. Weeks; good and welfare committee, Dr. Thomas H. Flynn, of Somerville and Dr. J. Hervey Buchanan, of Plainfield.

After the adjournment of the meeting, the annual dinner was served, and a pleasant social time enjoyed by all present.

Report of Local Societies

Associated Physicians of Montclair and Vicinity

Walter B. Mount, M. D., Secretary.

On Monday evening, October 27th, at the Montclair Club, was held the first meeting this season of The Associated Physicians of Montclair and Vicinity. The year started auspiciously and a large attendance was present.

Dr. Henry Dwight Chapin, Professor of Medicine at the New York Post-Graduate Medical School, read an able paper entitled "A Plea for a Broader Conception of Infant Feeding."

The paper was discussed by Dr. M. J. Synnott of Montclair, Dr. H. L. Coit of Newark, Dr. Peck of Tiensin, China, and Dr. W. H. Areson of Montclair. Later refreshments were served.

Bayonne Medical Association.

M. I. Marshak, M. D., Reporter.

At a regular meeting of the Bayonne Medical Association, held at Dr. M. A. Swiney's, the following cases were reported:

By Dr. Swiney—A case of Congenital Abscess of Gall Bladder with Rupture of Common Bile Duct.

By Dr. Schapiro—A case of Rectal Bleeding in a child, not affected by horse serum, but stopped by tannic acid solution.

By Dr. Axford—Water Trap stomach, lower curvature of which was two inches above symphysis. This case also had a markedly dilated sigmoid, probably due to chronic con-

stipation and enema habit. Diagnosis made by Xray.

Dr. S. R. Woodruff—A case of supposed floating kidney; on operation, adhesions at head of colon and region of Ilio-cecal Valve. Also a case of Kidney Stone formerly diagnosed as Chronic Appendicitis and appendix removed. On catheterizing ureters followed by Xray found Stone in Kidney, removed by operation—I inch long by $\frac{1}{2}$ inch in diameter. Also a case of Perforated Bowel so diagnosed and operated on within eighteen hours after first onset of symptoms, with good result; no history of any injury or any illness before this time.

Dr. E. Thum—A case of Acute Otitis Media following a submucous operation. Came on in twenty hours, followed later by Follicular Tonsillitis, probably due to previous Pneumonia, some pneumo-cocci being present in tract at time of operation.

Dr. Frank—A case of Otitis with Sepsis and bulging of eye ball and lid, probably infection of one or more of Venus Sinuses. Operation did not show anything.

Dr. Marshak—A case of Pregnancy in Two Horned Uterus-Forceps delivery at term. Two forms of Pneumonia in one family; first involving heart joints and Abdominal Musculature and Nerves; second very marked Chorea. Case of Cholelithiasis lasting thirty-six hours. On operation found Gangrene of Gall Bladder about two inches in diameter. He also showed a case of Papilloma of Anus. This Papilloma extended completely around the Anus.

Dr. Thum then read a well written and complete paper on Sinus Disease covering the diseases of all the Air Sinuses.

Summit Medical Society.

William J. Lamson, M. D., Reporter.

The regular meeting of the Summit Medical Society was held at the Highland Club on Friday, October 31st, at 8:30 P. M., Dr. R. W. Moister entertaining, and Dr. Eliot Gorton in the chair.

The following members were present: Doctors Baker, Campbell, English, Gorton, Keeney, Lamson, Lawrence, Heigh, Moister, Prout, Smalley and Krauss, and Doctors Bramley, Tweddell, De Garmo and Bowles of Summit, Dr. Jones of Basking Ridge, Dr. Taylor of Maplewood and Dr. Fobes and Dr. O'Reilly of New York, as guests.

The Secretary announced the death of Dr. J. A. Stites of Springfield, who died on October 22nd, 1913. Doctors Lamson, Lawrence and Prout were appointed a committee to draw up resolutions on the death of Dr. Stites.

Dr. Harry Bowles of Summit was unanimously elected to membership in the Society, to fill the vacancy caused by the death of Dr. J. B. Risk.

The committee on enlargement of membership reported the following resolution as a proposed amendment to the By-Laws of the Society: "The number of members shall be limited to twenty-one, and absence from three consecutive meetings, without valid excuse, will be considered equivalent to a resignation."

Dr. F. Tweddell, of Summit, was nominated for membership by Dr. Prout.

The paper of the evening was read by Dr. Joseph H. Fobes, of New York, on "Hernia." He said that congenital Hernia before puberty

can generally be cured by the quilting operation. After puberty it is sometimes necessary to perform castration. In children hernia is generally controlled by a truss. He prefers the Bassini method of operation for inguinal hernia and described the technique of this method. The filigree may be useful in closing ventral hernias.

Dr. Lawrence, in discussing the paper, said that he considered castrations never necessary unless the testicle is diseased. He favors operation in children rather than the truss, the danger of strangulation in these cases being much greater than mortality of operation. Recurrences after operation average about one per cent.

Dr. De Garmo treats children under five years of age by the truss method and gets 95% cures. If the cases are not cured by seven years of age, he advises operation. He also considers the Bassini method the best for inguinal hernia and has his patients out of bed on the tenth day and out of the hospital in fourteen days.

Dr. Prout said that he saw the first Bassini operation in this country, which was performed by Dr. Weir at the New York Hospital. He mentioned a case of internal hernia on which he had performed an autopsy, in which the whole of the small intestines and the spleen were found in the right chest, this condition being due to a fall which the patient had received when five years of age, the condition lasting for fifteen years, death being due to strangulation.

Dr. English reported a case of abscess of the thymus and adrenal in an infant who died at one year of age, cause of death being intertinal paralysis due to the absence of these glands.

Dr. Moister reported a case of typhoid fever in an infant fourteen months old, where the typical temperature curve ran as high as 105 plus, with foul stools, positive Widal reaction, a severe urticaria on the third day, and a maculo-papular rash on the chest and abdomen on the tenth day, with a complicating otitis media, with recovery.

Dr. Krauss reported a cause of intestinal obstruction in a child eight months old in which the colon and part of the small intestines were involved.

The meeting was adjourned and refreshments were served.

The Morristown Medical Club.

E. Moore Fisher, M. D., Reporter.

Dr. G. A. Becker entertained the Morristown Medical Club at Day's on the evening of October 29th, 1913. Dr. A. A. Lewis occupied the chair. There were about twenty-five members present. Among the guests were Dr. T. N. Gray of East Orange, Drs. Dean and Allabon of Morristown. Dr. H. A. Cossitt of New York City, an honorary member, was also present.

The speaker of the evening was Dr. Arnold Sturmdorf, Professor of Gynecology in the New York Polyclinic Hospital. His subject was "The Functional Metorrhagias, Their Nature and Control." The doctor said that most of these conditions were due to the lack of some internal secretions in the blood, which prevented the blood coagulating normally. He did not consider packing or curettage advisable and as a rule ergot was not indicated, as most of these

cases already had a high blood pressure. The introduction of gauze by means of a hollow holder through which acetone or a weak dilution of formalin could be passed into the uterus and retained there for fifteen to twenty minutes often relieved the condition.

The discussion evoked was general and numerous cases were reported and satisfactory measures of treatment mentioned.

A repast was served.

William Pierson Medical Library Association.

The Association at its annual meeting last month re-elected Dr. John H. Bradshaw, of Orange, President. The other officers are: Vice-President, Dr. Levi W. Halsey, of Montclair; Secretary, Dr. Leonard H. Smith; Treasurer, Dr. Arthur W. Bingham; Librarian, Dr. Palmer A. Potter, the three latter of East Orange. Dr. Thomas W. Harvey, of Orange; Dr. Ralph H. Hunt, of East Orange, and Dr. Melford Runyon, of South Orange, will be the council members.

Dr. Lewis Stimson, of New York, read a paper on "Fractures."

Other Medical Societies.

The New York Society of Anesthetists.

Reported by Dr. F. W. Pinneo.

Dr. George W. Crile was the guest of the New York Society of Anesthetists on November 20th, when he addressed them at the New York Academy of Medicine in the evening on "Anesthesia and Anoci-Association." Illustrations with stereopticon slides elaborated his theory of the need of some means supplementing the inhaled anesthetic to completely protect brain cells from exhaustion due to shock. This he does by local injections filling the area operated upon to block all different impulses to spinal cord and brain. Any anesthetist who has studied the condition of the "handicapped" patient during operation and has observed the failing vitality, especially at time of severe trauma, by the operator must credit the statement that damage is done the nerve cells which the general anesthetic doesn't cover. It is in these marginal cases of danger that Crile's theory and practice have important application. Another interesting paper at the meeting was one on "Oil-ether Rectal Anesthesia," by Dr. J. T. Gwathmey.

Meeting of Five Pediatric Societies.

Reported by Dr. F. W. Pinneo.

The New England Pediatric Society was host at Boston, November 8th, to the New Jersey Pediatric Society, the Philadelphia Pediatric Society, the Pediatric Section of the New York Academy of Medicine and the New York State Pediatric Society in an all-day trip through the new hospitals (Infants' and Children's and Peter Bent Bingham), the Boston Dispensary, Massachusetts General Hospital and Massachusetts Babies' Hospital and Directory of Wetnurses. A lunch at noon and a banquet at the University Club prior to the evening session at the Medical Library filled all the spare time. The papers of the evening were by Dr. Ralph Vincent of London on Bacteriological Diagnosis

and Treatment of Alimentary Diseases; by Dr. J. F. Sinclair of Philadelphia on Investigations by the Female Hrethoscope; by Dr. Wm. H. Park of New York on Diphtheria, Active Immunization by Toxin-Antitoxin Mixture, and by Dr. J. W. Sever of Boston on the Position of the Stomach in Children. The day afforded a wealth of instructive observation of attainments and plans, matured and developing, putting Pediatrics in the van of medical advance and investigation. One very interesting exhibition was by Dr. Fritz B. Talbot of apparatus for measuring metabolism of infants with details hitherto unknown.

The American Association of Immunologists.

This Society was organized on June 15th at Minneapolis, Minn., with forty-one charter members, all of whom have been pupils of Sir Almroth E. Wright of London.

The objects of the Society are as follows:

To unite the physicians of the United States and Canada who are engaged in the scientific study of immunology and bacterial therapy.

To study the problems of immunology, and to promote by its concerted efforts, scientific research in this department.

To spread a correct knowledge of vaccine therapy and immunology among general practitioners.

The officers temporarily chosen are as follows:

Gerald B. Webb, M. D., President, Colorado Springs, Colo.; Willard J. Stone, M. D., Treasurer, Toledo, Ohio; George W. Ross, M. D., Vice-President, Toronto, Canada; Martin J. Synnott, M. D., Secretary, 34 South Fullerton Avenue, Montclair, N. J.

A Council of five members was also selected, whose duty it will be to manage the affairs of the Society in the interim of the meetings.

This Council is made up as follows:

A. Parker Hitchens, M. D., chairman, Glenolden, Pennsylvania; Oscar Berghausen, M. D., Cincinnati, Ohio; J. E. Robinson, M. D., Temple, Texas; Campbell Laidlaw, M. D., Ottawa, Canada; Henry L. Ulrich, M. D., Minneapolis, Minn.; the officers ex-officio.

The first annual meeting of the Society will be held June 1st, 1914. This is Monday of the week of the annual session of the American Medical Association, and it will be held at the same place.

The programme will be made up of original papers dealing with the different branches of vaccine therapy and immunology.

American Public Health Association.

At the annual meeting of the association, held in Colorado Springs, September 9 to 12, the following officers were elected: President, Dr. W. C. Woodward, Washington, D. C.; vice-presidents, Drs. John F. Anderson, U. S. P. H. S., Washington, D. C., Mario Labredo, Havana, Cuba, and C. J. Hastings, Toronto, Ont.; secretary, Prof. Selskar M. Gunn, Boston (re-elected); treasurer, Dr. Livingston Farrand, New York City (re-elected). Lee K. Fraenkel, New York City, was appointed chairman of a new committee to unite more closely the sociologic section of the association with that of vital statistics, and also to interest large corporations in the industrial health cam-

paign now being urged. The Section of Public Health Officers elected Dr. C. V. Chapin, Providence, R. I., chairman, Dr. Nolan Pauchan, Ottawa, vice-chairman, and re-elected Dr. E. C. Levy, Richmond, Va., secretary, and Dr. A. S. Fell, Trenton, N. J., recorder. Jacksonville, Fla., was selected as the next place of meeting.

Miscellaneous Items.

Noble Prize Awarded.

Prof. Charles Richet of the Faculte de Medecine, Paris, a Member of the Academie de Medecine, and director of the Institut Marey, Paris, has been selected as the recipient of the Nobel Prize in Medicine for 1913. This is a recognition of Prof. Richet's recent work on anaphylaxis.

Alvarenga Prize Essay.

The College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, being the income for one year of the bequest of the late Senor Alvarenga, and amounting to about one hundred and eighty dollars, will be made on July 14, 1914, provided that an essay deemed by the Committee of Awards to be worthy of the prize shall have been offered. Essays intended for competition may be upon any subject in medicine, but cannot have been published. They must be typewritten, and if written in a language other than English should be accompanied by an English translation, and must be received by the Secretary of the College, Dr. Thomas R. Neilson, 19 South 22d street, Philadelphia, U. S. A., on or before May 1, 1914. Each essay must be sent without signature, but must be plainly marked with a motto and be accompanied by a sealed envelope having on its outside the motto of the paper and within the name and address of the author. It is a condition of competition that the successful essay or a copy of it shall remain in possession of the college; other essays will be returned upon application within three months after the award.

Permanent Commission of the Eighteenth International Congress of Medicine.

The following have been elected members of the permanent commission for the International Medical Congress, which is to be held in Munich in 1917: President, Friedrich von Muller, of Munich; vice-presidents, M. Calman Muller, of Budapest, and Sir Thomas Barlow, of London; secretary, M. H. Berger, of Amsterdam; assistant secretary, D. Ph. van der Haer, of The Hague; member, M. L. Dejae, of Liege, who is president of the International Association of the Medical Press.

Surgery and Reform.

In Chicago recently four patients were operated upon in the hope that the result would be the elimination of criminal tendencies and moral deficiencies in them all. The operations were done at the instance of Judge Bridgeman of the Circuit Court of St. Joseph, Mich., who has announced that hereafter he will not sentence any

one convicted of moral crimes in his court until, by the use of the knife, an opportunity for regeneration has been given the affected mind.

Surgery by the Unfit.

Dr. Channing W. Barrett, in The Chicago Medical Recorder says: The hospitals which are being erected in small towns are a blessing and a curse. They offer opportunities for the care of the sick and injured hardly possible in any other way, but instead of one or two men in the town training to do the work nearly every man thinks that to hold his own he must do his own surgery.

Radium Advancing in Price.

Radium keeps going up in price, the latest advance being \$10,000 in the price of a gram of the precious article, which makes it worth over \$52,000,000 a pound. A dispatch says European capitalists are forming a syndicate to secure a monopoly of the world's supply of radium, and it is undoubtedly small. Prospectors are at work in various parts of the world seeking for the pitchblend from which radium is obtained and reports are occasionally made of discoveries that so far have failed to develop the precious metal. Radium is acknowledged to be a perfect cure for cancer, and what an ample supply of it would mean to the thousands of victims of the ailment cannot be conjectured.

Developing Colorado Radium Mines.

Announcement has been made that Mr. T. Coleman Du Pont, the head of the great powder company, will develop what are believed to be radium mines in Colorado. Mr. H. G. C. Thofehra, a radium expert of Paris, who is in Denver as the representative of Dr. Du Pont, recently said:

"Mr. Du Pont intends to produce radium and by-products for philanthropic purposes only, and will put the material in reach of all the people. Colorado stands a chance of producing a large part of the world's supply. In fact it is one of the main producers now. I have seen at the shaft house of the German Belcher mine at Central City more than 140 tons of high grade pitchblends ore. This mine, with the Wood mine and others, has been bought by Mr. Du Pont. He intends to build a plant to produce radium close to his mines."

Beriberi in Union County Jail.

Beriberi has affected male inmates of the Union County jail for the last fifteen years, and more especially during the last four months, according to a report made by Drs. Stern, Conover, Wilson, Livingood and Richards, a committee of the Union County Medical Association.

The Microorganism of Rabies.

Dr. Hideyo Noguchi, of the Rockefeller Institute of Medical Research, in a short report in the Journal of Experimental Medicine for September, 1913, states that he has succeeded in cultivating the germ of rabies. He describes the method by which he isolated the organism and reproduced it through many generations. He finds that it is, as has been generally believed, a protozoan.

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DAVID C. ENGLISH, M. D., Editor,
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STATE SOCIETY DUES.

We hope our members will not forget that the three dollars dues to the State Society *must* be paid before January 15th. It would be better to have them in Treasurer Mercer's hands by January 10th. We insert again the notice issued last month by our Secretary:

The Official Roster of the Medical Society of New Jersey will be published in the February, 1914, issue of the Journal, and will be the only Roster published for the year 1914.

This Roster will close on the 15th of January, 1914, and members who have not paid their dues before that date, for the year beginning January 1st, will lose membership in the county and state societies and the benefits accruing from membership; the Journal, medical defense and membership in the A. M. A.

Payment of dues after January 15th 1914, will restore to membership, but will not place the names of those so paying, on the published Roster.

Thomas N. Gray, Secretary.

We must, if possible insert the Society's Official List in the February Journal and it will require hard work, by the Secretary, to get the lists accurately made up between January 15th and 31st. Please do not make the Secretary's burdens heavier than he ought to bear

MEDICAL DEFENSE.

We believe it is beginning to dawn upon the minds of blackmailing, or badly advised claimants and also of impecunious, conscienceless or unprofessional lawyers, who seek to victimize both claimant and doctor, that it is not wise to commence an unjust malpractice suit against a doctor who is a member of the Medical Society of New Jersey, when the Society stands by the doctor who is falsely accused. We know that in the vast majority of cases the accusations are unjust. The public is also beginning to realize the true inwardness of such schemes to extort money from the doctors and the sympathies of jurymen are not so easily and successfully worked upon by the lawyer's ingenious, pathetic appeals that are based on misrepresentation and sometimes on perjured testimony.

The Medical Society of New Jersey made no mistake in adopting the Medical Defense Act and the practitioner of medicine makes no mistake in availing himself of the protection which that Act gives him, even if it should cost him five times the amount of the three dollars of annual dues which the Society requires for that protection, for the Journal and all the other benefits of membership. Some of our members whom the Society has successfully defended had no thought that *they* would be accused and some were among the last we would have thought likely to become defendants in malpractice suits. No practitioner, therefore, can afford to forego the Society's defense by failure to become a member and pay his dues; the fact that he is not a member makes him more liable to an attack. Our Society has expended about \$1,500 in this defense work. Only one of the suits won has been appealed and the Society proposes to fight it out to a finish if it has to go to the highest court in the State. We regret that in another case—that of Dr. R. S. Bennett, of Asbury Park, he did not avail himself of the benefits of our defense act, because it would have saved him much of the heavy cost of defense and would have given him the full backing of our Society, instead of its moral support only, and possibly would have saved him from a second suit—the jury in the first having disagreed, but we congratulate him on his full victory in the second suit, which was the most bitterly fought one that has been waged in our State since we undertook the defense of our members. The doctor had able medical men as witnesses—Dr. William B. Coley of New York and Dr. G. K. Dickinson of Jersey

City. Drs. Riley and Hinckley of Newark and McBride of Asbury Park testified for the plaintiff.

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SAW YOUR AD. IN OUR STATE
JOURNAL."
FAVOR THOSE WHO FAVOR US**

VOLUME X.

We complete with this issue Volume X of our Journal. The change in the Society's year—to run from January 1st to December 31st, inclusive, and The Journal year the same—makes Volume X to consist of only seven months' issues—from June to December, 1913, inclusive, and Volume Eleven will begin with the January 14, 1914, instead of next June's Journal.

In closing the present volume we desire to thank all our members who have co-operated with the editor in making the Journal as good as it is and ask for a continuance of their help in our endeavor to make it better than it is. We especially offer our most sincere thanks to the Secretaries and Reporters of the County Societies and of the local medical societies, for their great faithfulness in giving, not to the editor only, but to the Society and its members, better and fuller reports during the year just closing than ever before. We count them worthy of double honor. We regret that the reports of the November meetings of the Bayonne City Society and of the Associated Physicians of Montclair and Vicinity came too late to have them set up and inserted in this issue, but they will appear next month.

The editor sends greeting to every reader of the Journal, wishing him, or her, a very

Merry Christmas

We offer no apology for the insertion, on page 371, of an editorial taken from *The Philadelphia Times* on the "Passing of the Family Circle." It appeared a few days after our November Journal was printed, in which our editorial on "Thanksgiving Day" appeared. We, of course, are pleased to note that the general thought corresponds with that of our editorial, but the elaboration of the matters discussed makes it an improvement on ours, especially for the consideration of the public at large. We were addressing doctors only, as interested in the subject because it concerned indirectly, if not directly—as we believe—the health and social conditions, which must be considered

if we are true to the highest and noblest sphere of our profession's activities—that of Preventive Medicine.

Correspondence.

Pennsylvania Society's New Constitution.

To the Editor of the Journal.

Dear Doctor:

I have been asked by the Secretary of the Medical Society of the State of Pennsylvania to comment on the proposed new Constitution and By-laws for that Society.

I offer, briefly, the following: The Pennsylvania Society will, at the annual meeting in 1914, take up for action a substitute Constitution and By-laws for the present Ordinances and By-laws. This proposed substitute was presented at the last annual meeting by a committee, and is in line with the action taken by the conference of secretaries of State Societies held in October, 1912, which conference was for the purpose of considering the question of uniform membership in the State Societies.

Three features of this proposed Constitution and By-laws call for comment. The first, that making the fiscal year of State and County Societies to coincide and this year to be the calendar year, is in line with the wish of the A. M. A., and such action was taken by our Society at its 1912 meeting. The wonder is, why this was not done years before.

The second feature is the first sentence of Section 2 of Article 4, which reads, "membership shall terminate automatically with each December, and the roll of members shall be made up new each year." Why the necessity for this sentence when the first section of the same article reads, "The membership of this Society shall consist of the active members WHO HAVE PAID THEIR DUES FOR THE CURRENT CALENDAR YEAR"? Is it possible that there are members of the Pennsylvania Society who expect to be carried as members and to receive the benefits of membership without paying dues, that the Constitution must specify "end automatically"? In what other organization are benefits given to those in arrears for dues?

If there are such in the Pennsylvania Society let them consider this question: A State Journal and Medical Defense cost money, why should a member who has not paid his due share of this expense receive either? Again let them consider this: If a considerable number of members fail to pay their dues, how can the society give either Journal or Medical Defense?

The Constitution of our own Society simply says a member of the State Society is one "who is in good standing in his County Society," and elsewhere, "paid dues" is defined as one of the qualifications of good standing, and consequently those who have not paid their dues for the current year by a certain time become delinquent and are deprived of the benefits of membership, this deprivation only to be removed by the payment of dues.

The third feature of this committee's report which interests is that making the PER CAPITA assessment from County to State Society to come from the County Secretary to the State

Secretary. New Jersey's Secretary prefers to leave the financial part of the Society's business in the hands of the Treasurers, local and State. The local Treasurer's list of members coming to the State Secretary through the State Treasurer, checked up with the local secretary's list, guarantees a correct roster.

Thomas N. Gray.

"GOOD AND WELFARE OF THE MEDICAL PROFESSION"—COMMITTEE.

The following communication has been sent by the above named committee to each of the county medical societies:

President, Secretary and Members of the County Society of—

Dear Sir:—

I am sending you several copies of the Report of the Committee on "Good and Welfare of the Medical Profession," presented to the State Society at its meeting at Spring Lake. This Report you will find in the Journal of the Association of August, 1913, a copy of which is inclosed.

I personally, found in a few cases which I had arrested here, (entirely at my own expense,) in order to test out the law, that it is necessary to secure evidence sufficient to convince the Prosecutor that you have a case. In each instance I have sent three or four people to the irregular practitioner to complain of various symptoms, and received either a prescription or medicine for the same, paying the doctor whatever his charges might be for the treatment, preserving the medicine and making note of the date and price of consultation.

It seems to me that each County Society should appoint a Legislative Committee whose duty it would be to investigate all charges of irregular practitioners and employ some good detective to work them up and then present the evidence to the Police Justice of the city or county, who will present it to the Grand Jury or the Prosecutor as the custom may be in your community for prosecution. The expense is not great. Any individual can work up this evidence in the manner I have detailed as well as a detective. This would not cost the Society very much money and would enable us to rid each community of pretenders, and is well worth the outlay.

The Medical Law of this State makes no provision for covering the expenses of these suits to the Society as does the law of New York State and the Osteopathic Law of this State, which provides that half the fines from the prosecution of irregular practitioners shall be paid to the Society making the complaint.

We would like an expression of opinion from your Society, through your counselor, as to the advisability of having such an amendment to our present Medical Law passed by the next Legislature. The Medical Society of the County of New York has been very successful in prosecuting 'quacks.' Their method of prosecution is as follows: "The Medical Society of the County of New York employs counsel to prosecute all violations of the medical law brought to its attention by the public. Hundreds of complaints, anonymous and otherwise, are received yearly against unlicensed practitioners and licensed practitioners who may have

violated the provision of the Penal Law with which the Society is directly concerned. If the statement of facts given by the complainant justifies a prosecution, the evidence is laid before the City Magistrate and the defendant is arrested upon a warrant issued by the magistrate. The attorney for the Society maintains a corps of investigators, whose credibility have been established before the Courts and who report to him the results of investigations directed to be made. No prosecution is instituted without express authority of the Board of Censors of the Society.

The Law (section 174) provides that any fines collected for a violation of certain sections of the Penal Law, in which the Medical Society is the complainant, should be paid to that Society. Any excess of the amount of fines so paid, over the expense incurred by the Society in enforcing the medical laws, must be paid at the end of the year to the County Treasurer."

If you will take the pains to read from the Journal of the A. M. A., August 16th, 1913, page 504, you will see how San Antonio, Texas, rid itself of fraudulent medical practitioners.

Very truly,

W. Blair Stewart,
Theodore F. Livengood,
William A. Wescott,
H. G. Norton, Chairman.

Christmas Thoughts for Doctors

Dr. W. G. Cameron, of Tacoma, Wash., published in Northwest Medicine, says:

The only reason for the existence of the medical fraternity is the necessity for the prevention and cure of disease and the relief of human suffering. In this great work we should not be competitors but partners, each giving aid to and receiving assistance from our co-workers.

When a patient places himself in the care of a physician, not only is that physician responsible but the whole profession is on trial and will be judged by the results obtained. The patient is not only entitled to receive the best of his physician's knowledge and skill but it is his right to have the accumulated knowledge of the whole fraternity.

This conception of our work calls for a closer communion, a clearer understanding, and more frequent intercourse among those engaged in the various branches of medicine. We need each other's aid and can give help in return. By frequent consultations we not only learn but have something we can impart. With hearty co-operation we will all do our work better, solve our problems with more ease and fulfill the best traditions of our art.

Dr. Miles F. Porter, of Fort Wayne, Ind., in his presidential address at the annual meeting of the American Association of Obstetricians and Gynecologists at Providence, R. I., in September, said:

There never was a time when the medical profession stood so high in public esteem as it does today. Nor was there ever a time when the profession was more deserving than now. On the other hand, we are censured by the public as never before and, in a measure, justly so. That we, together with all other professions,

trades, and callings, should suffer from the epidemic of "money-madness," is but natural and inevitable. But that we should sit supinely, satisfied in our self-righteousness, and quietly watch the spread of this scourge, is to be false to ourselves, false to our profession and false to the people.

We need an ethical revival! And, if we are to preserve our self-respect, we will furnish the revivalists from our own ranks rather than wait until they are thrust upon us by force of public opinion. I need not tell you that I have in mind the matter of "division of fees," "paying of commissions"—call it what you will, it is graft and 'twill stink to heaven.

I would like to see this association place itself squarely upon record in this matter by requiring all applicants for membership to pledge themselves not to engage in this nefarious practice, secretly or openly, directly or indirectly, and by expelling members, if such there be, who are guilty of this practice.

Our scientific achievements may be ever so great, our art developed to a degree near perfect, our skill well-nigh marvelous, and yet, if we fail to gain the respect and confidence of the public, the good we accomplish will be of little avail. The really great work of the profession lies not in the direction of curing the sick, but in imparting knowledge that will enable people to keep well. But we cannot get the public to listen to us, much less believe us, unless we have their confidence in our ability and honesty. It has been truly said:

"No life can be pure in its purpose and strong in its strife.

But all life is made purer and stronger thereby."

Just as true is it that no life, however "strong in its strife," can accomplish much if it be not "pure in purpose." What is true of the individual is true of a collection of individuals—a community, a profession. It is of paramount importance then that we do not allow the glitter of gold, the glamour of scientific achievement, or the clouds of pessimistic practicalism to blind our eyes to the fact that a healthy idealism is a great power—perhaps the most powerful weapon we have to wage in the war against disease and death. As the "mark of rank in nature is capacity for pain," so the mark of rank in the medical profession is the capacity for joy in the work.

Content in Your Own World.

Some of the biggest men in the world—those who are performing the most useful services—are comparatively unknown. Take it in the field of medicine. How many of the great physicians do you know, even by name? Not many. How many astronomers? How many scientists of any kind? Mighty few. These men are known in their own worlds, but they are comparatively small worlds, come to think of it. They get their names into the technical journals occasionally, and sometimes a great physician has a new disease named after him; but who knows, after a while, whether the name refers to the man who first had the disease, or to the doctor who finally found a remedy for it? * * *

After all, the biggest and most famous of us are big and famous only within a small area. And the smallest and humblest of us have our

own little worlds in which we shine according to the measure of our worth. It's a very commendable thing to acquire a comfortable state of mind which prompts one to do one's level best in the world in which one lives, and be reasonably happy within the circle of one's own friends. * * *

Why need he be anxious about shining in some other world? The woman in the home, the man in the shop—why worry yourself sick and into an unhappy state of mind because your star doesn't fill the firmament? * * *

Better get your star higher up—if you must. That will help out. But, while fame and power have their compensations, they also have their penalties. You'll pay the price for coming out of your smaller world. You'll be lost; for a while, anyway—maybe for all time—and you'll have to fight harder to stay there. Perhaps it's for you to do so—more power to you if that's the case.—Charles Stelzle in Newark Evening News.

Let us strive to live worthily, to do honest work for an honest wage where a wage belongs; but never forgetting that oftentimes the work which is best worth the doing, most profitable to us as well as to the world, carries with it no money wage.—Dr. F. C. Shattuck.

Give us the strength to encounter that which is to come, that we may be brave in peril, constant in tribulation, temperate in wrath, and in all changes of fortune down to the gates of death loyal and loving one to another.—Stevenson.

What is Courage?—The bravest men are not those who are insensible to physical fear, but those who master it by courage of spirit; the purest and noblest are not those who have never felt the temptations of the body, but those who have resisted them.—The Outlook.

To be truly courteous, we must put ourselves in other people's places and try to carry out and realize what they would like.

Real struggling is in itself real living, and the ennobling thing of this earth is ever to be had by man on any other terms.

Think not so much of what thou hast not, as of what thou hast; but of the things which thou has select the best, and then reflect how eagerly they could have been sought if thou hadst them not.

A night's sleep, what a miracle of mercy it is; and a new day with the waking up of health to face it; aye, even a pleasant meal with one's household, is not that worth a thanksgiving? Or an interesting book, an hour with an old friend, a Sunday's quiet resting after a strained and weary week—it is such things as these, far more than great special blessings, which make up the sum of happy life; and it is such things, if one would but think of them more and not be always taking them as a matter of course, which would fill our days with thanksgiving.

—Grace Goodhouse.

Editorials from Medical Journals

One View of the Friedmann Serum.

From Texas State Jour. of Medicine.

After having carefully studied all reports coming to hand through the medium of an extensive exchange list of first-class medical journals, our deliberate judgment is that the so-called "Friedmann serum" for the treatment of tuberculosis is either a fraud or halfbaked scientific product, propagated solely for profit. It is destined not only to prove a source of exceedingly and inexcusably disastrous disappointment to the victims who have been attracted through their well-known credulity and the magnificent newspaper exploitation Friedmann has secured for his "cure," but a seriously dangerous remedy as well.

It is needless to say that the State Medical Association of Texas will not sanction the use of any secret remedy, particularly one deemed to be potentially dangerous and coming under such a cloud of disrepute as does the Friedmann serum. Our answer is when the United States Government issues a license to cover the manufacture of this serum, the State Health Department sanctions its use, the State and the Council on Pharmacy and Chemistry of the American Medical Association admits it to the New and Non-official Remedies, then, and not until then, will we sanction its use in this State. This is not an unreasonable stand to take because none of the requirements are impossible or difficult to meet. In view of the importance of the subject and the well-known ability and integrity of the physicians composing these bodies, it is strange that those who are exploiting this remedy, if they are honest in their belief in its efficacy, will not submit it for their approval.

Public Health Administration the Physician's Domain.

(From the New York Medical Journal.)

An editorial laments the fact that there are so few trained public health physicians and no course in public health in the medical colleges. The colleges, with three or four exceptions, ignore the subject or give only a few lectures supplementary to the courses in bacteriology and hygiene. It is not strange therefore that sanitary engineers claim positions as health officers, and that non-medical statisticians prepare vital statistics. It is a noteworthy fact that public health work is assuming an aspect which is more and more becoming a medical one from year to year, while the sanitary or engineer department is either becoming subordinate to it or is being taken out of the health department.

For example the health department of New York has nothing to do with the removal of rubbish and garbage, with sewage disposal or with street cleaning. Inasmuch as the public has a right to demand that its health officials be specially trained the writer urges that the medical colleges meet this requirement by providing suitable courses for training physicians in public health administration.

There should be post-graduate courses supplementing the usual courses of the medical curriculum, and should include at least a year's training in laboratory methods, public health

principles, sanitary science, vital statistics, and practical work in some efficient health department. A special diploma should be given to graduates from such courses.

These are all good and timely suggestions. Here is one department of medical practice which is not yet overcrowded, and it offers a fine opportunity for a career to the young physician who is willing to do hard work.

In the field of vital statistics alone there is urgent need for trained men all over the country to place this important subject on a respectable basis. It seems strange indeed that the subject has been so sadly neglected in almost every State in the Union, to say nothing of those States in which it has been absolutely ignored.

Organization.

From the St. Louis Medical Review.

As a general rule, the practitioner who is a good business man is a good doctor. In fact, the increasing cost of living and the status lymphaticus of medical fees make it imperative that the doctor shall be a good business man if he wishes to remain in practice. External competition, growing public intelligence and legal requirements now demand that the doctor shall consider himself as any other laborer, worthy of his hire.

Whatever advances we make, either in scientific or economic directions, come through the medium of organization. There may be good men outside the pale of organization, men who hold themselves aloof from their fraternity, but if so they are unknown, and therefore of little use to their profession.

When a doctor has a good idea, be it scientific, philanthropic or economic, the place to launch that idea and watch it sink or swim is in his medical society. Every member of the medical organization is morally bound to give his mite in return for the many advantages accruing from the privilege of membership. If one has in him the true spirit of Hippocratic fellowship and a fitting sense of the meaning of medical ethics, he will not shirk his duty to the profession.

Evils there are and always will be, as in every large organization, but these evils are insignificant as compared with the benefits one derives from the best post-graduate school of medicine—the County Medical Society. Politics in its proper sense is a necessity in any useful organization, but politics in its narrow sense does not, and need not, have any place in the medical society; the way to prevent it is to attend the meetings and exercise your rights. If affairs are not conducted to suit you, the fault is entirely your own.

A Layman's Advice on Organization Methods.

From the A. M. A. Journal, September 27th.

Suggestions of value to our medical societies can often be obtained from civic organizations. In a recent issue of *Surburban Life*, Mr. H. J. Howland entertainingly and instructively recites his experiences as president of the Civic Association of Montclair, N. J. "The point," Mr. Howland says, "is to begin with something definite and not too hard, something that needs not discussion but doing. If you have a civic association or improvement society, (or, he might have added, a medical society) there is

one thing you must avoid like the plague—the adopting of resolutions. The resolution habit is worse than drink, worse than the opium habit. In my brief and inglorious career I put many resolutions to vote, saw them adopted with enthusiasm, and then decorously interred in the archives until I shuddered at the thought that New Year's Day was coming. Do not pass resolutions. Get out and do things." Better advise to our medical organizations could hardly be conceived. Medical societies have from time immemorial been afflicted with the resolution habit. Simply passing resolutions never did anything. If there is something that ought to be done in city, county, State or nation, let us not pass resolutions, but if it can be done, let us go and do it.

Appointment With Patients.

From the Medical Record.

It would be interesting if the physicians who have a fairly large office practice would investigate the actual percentage of patients who for some reason or other fail to return on the specified date appointed by the physician. Whether this failure to return is to be attributed to dissatisfaction, forgetfulness, or complete recovery of the patient, there can be little doubt that a large percentage of office appointments are not "kept." Certain practitioners who are methodical and punctilious in their business methods hand to their patients a printed slip on which are filled in the patient's name and the date and hour of the appointment. This paper carried away by the patient seems to have associated with it a certain degree of authority and insistence which the spoken word of the physician does not seem to possess, while it obviates at the same time the excuse of forgetfulness. The patient should be made to understand, if he does not already realize, that the physician's concern for the patient does not end with the office call, and even the complete recovery of the latter entitles the physician at least to the courtesy of a return visit. This at any rate cannot but be of advantage to the patient, for it enables the physician to gauge the value of a particular line of treatment and the mode of response on the part of the patient—which may all be of inestimable value in a future illness. It is not likely that the intelligent patient, if told to "come in again" on a certain date even though he may be better, will disregard this instruction if he be told that there are number of important matters concerning his future mode of life and preservation of health that must be fully discussed. Patients past middle age particularly should be impressed with the importance of periodical physical examinations, including not only an analysis, but also a determination of the blood pressure.

What Will Become of the Prize Babies ?

From American Medicine, September, 1913.

At a recent prize baby contest in New York, the showing was very fine; one baby won one hundred per cent. of points, several had ninety-nine, and a very large number came within five per cent. of perfection. This is very gratifying and shows that Nature is not easily discouraged by our foolishness; she continues to give us well night perfect children to work with, even in

the slums, and neglects to furnish us the brains with which to bring them to a strong, normal manhood. What of these beautiful children some fifteen years hence? How many will have succumbed to the infections of childhood, how many will have adenoids, chronic nasal catarrh, curved or crooked spines, some acquired optical defect, impaired hearing, even some venereal disease? Will any of them have just and true notions of physiology and personal hygiene? Will they have all their teeth save the last molars? We do not go further and ask if they will speak English with a lecent accent and write it with reasonable terseness and accuracy; we confine ourselves to their physical condition.

It is hard to spoil a baby physically before it is one year old. A much more searching test of parental care would be to offer prizes for the best children between the ages of five and eight years. Any couple can reproduce: few can bring up properly the offspring of a union.

Editorials from the Lay Press.

Wonders of Surgery.

State Gazette, Trenton, Nov. 18th.

New wonders of modern surgery have just been demonstrated at the Clinical Congress of Surgeons of North America, held in Chicago.

For instance, Dr. Bloodgood, associate in surgery at the Johns Hopkins Medical School, explained the operation performed by Dr. Harvey Cushing for effecting a cure of neuralgia. This makes impossible a recurrence of that painful and nerve-racking malady by killing the nerve which causes the pain, and which finds this at the base of the brain without exposing the organ at all. It seems that there are two nerves that are joined into one which are responsible for the pain. The surgeons have devised the plan of dividing one of these nerves into two and permanently killing the part that carries the pain. In days gone by neuralgia was accepted as one of the complaints that had to "run its course." The thought that it is preventable will come as a blessed relief to many who have heretofore borne its horrors with the fortitude of martyrs.

Another operation that attracted great attention concerned blindness. Two patients suffering from glaucoma, a disease of the eye, were operated on. In both cases the trouble was in an advanced stage. The eyeball had become extremely hard and this hardness usually kills the optic nerve and results in blindness. Dr. Elliott, of the British army hospital at Madras, India, cut out a small piece of the eyeball, thus creating a "safety valve," which saved the sight.

Sir William Arbuthnot Lane, of London, demonstrated the operation which made him famous. It consists in short-circuiting the intestines, and the immediate result is the cure of malnutrition. It is used in cases where the X-ray reveals that food travels through the intestines too slowly. More than one thousand surgeons witnessed the nailing together of a broken femur. Dr. John F. Murphy performed the operation. Dr. Lane performed a similar operation, but employed the "Lane treatment." This consisted of uniting the broken bone and securing it with steel splints, held in place with silver screws.

These operations have been described modestly. They are, it seems, merely "contributions to surgery," one of the noblest and most humane of all professions—a science in whose marvelous advance is seen one of the most encouraging signs of the times.

A Community Doctor.

From *The World's Work*, November.

The small community of a hundred and fifty families that lives on Knotts Island, N. C., hires a doctor in common. He is paid a regular salary by what amounts to a fixed tax on every family. The doctor's duty is to keep the inhabitants of the island well. If they do get sick despite his efforts, of course it is his task to try to cure them; but, contrary to the usual practice, on Knotts Island sickness does not spell Opportunity for the doctor.

And that is as it should be. In the cities the health departments practice preventive medicine on the whole community, and many family doctors try to keep their clients well, besides physicking them after they become sick. Yet the whole organization of society has been built upon the idea that there is no need for a doctor until sickness has set in.

The ethics of the medical profession are crystallized upon this old attitude. Yet there is no doubt that the plan which grew out of the conditions of the more or less isolated community on the Carolina coast is a distinct advance over the accepted practice, for every incentive given the doctors to prevent sickness rather than to cure it means a corresponding gain in the health and happiness of the public.

If the complexities of city life render an imitation of the Knotts Island scheme difficult in congested centres, there is no reason why such a plan should not be put in operation with great success in many country communities.

Passing of the Family Circle

From *The Evening Times*, Philadelphia, Pa.

Is the American home passing in the cities?

Take father, for example! If he has a friend he wishes to entertain, where does he take the friend? Does he bring the friend home to dinner, or does he take him to some cafe or club downtown? And if father does bring his friend home to dinner, how is the evening spent? Does the family join in helping father welcome the friend, or does the family slip away after dinner, one at a time, to fill engagements they have made?

And mother! She no longer "keeps house." She rents a furnished apartment, and no woman can take any pride in rented furniture. It's next thing to renting husbands. To make a home one must put one's individuality in everything about the home. There is just as much home atmosphere in a furnished apartment as there is in a sleeping car. If it is not a furnished apartment that is rented, or furnished rooms, then it is a flat, a typical city flat. Home was never intended to survive in a flat. Nobody ever will write a song entitled "Flat, Sweet Flat," unless it be for some comedian.

There is no place in a flat for a home. The flat dweller simply has a private boarding and rooming house. He hasn't a home. He rebels against its narrow confines. He wants room. He desires to feel free. Consequently the flat dweller takes only his meals and lodging inside

the quarters he rents. When he wants entertainment he goes outside. When he wants to stretch he goes outside. When he wants to entertain any of his friends he has to go outside; there is not room enough inside to be hospitable.

The flat dweller's wife—we cannot say housewife, how about flatwife?—cannot have a pantry; the best she can do is a kitchenette; she has no place to store foodstuffs; she has no big spare bedrooms, like grandmother had, where the relatives or friends can find shelter for the night. In event they insist upon staying over night, they get the cubby hole of a bedroom while the family pile up on the floor in the "living" room or dining room. There's a reason for the flatwife doing so much gadding—shopping, matinees or teas or cards at some hotel, or just the streets. She simply hasn't anything else to do. The little space she has to keep in order doesn't keep her busy, and isn't big enough to enable her to have her friends in!

And the children! Where are they of nights? The old-fashioned family circle, when, after the day's work and the day's play, all members gathered about the fireside or the great, friendly center table and exchanged experiences, discussed the day's events, softened the day's misfortunes and shared the day's joys, planned the morrows and enjoyed each other's companionship—where is that?

One cannot get up much sentiment about gathering about a radiator, and, after the family is in the living room there isn't much room for anything like a great friendly table. Besides it seems that the family doesn't find the pleasure and profit in communion that were so prized by our ancestors. The boys have "dates" and the girls have "dates" and father has a "date" and mother must have one or play a lone hand.

Watch the average home after the evening meal! One would suppose the meal had broken up in a row or the house was a plague spot from the manner in which the several members of the family leave as soon as they have finished. Lodges, political meetings, the club, "movies," vaudeville, billiard halls, cafes, cabarets, automobiles, street cars, card parties, roof gardens and a dozen other diversions call the family away from the house and the home circle every night.

It is the call of the restless. It is the call of the frazzled nerves, trained to crave new sensations. It is the call of the false ideals of the age which has taught us that in order to be considered worth while we must wear ourselves out tearing ourselves to pieces, rushing around like mad.

It is the high tension wire of modern life that has set the home life of the city aside. The nerves that get keyed up first thing in the morning to grab a bite and a hot drink and then run for a suburban train, the L or the surface car; that fight at top speed all day in the office, the store, the stock exchange, on the street, back of the counter; that barely have time to eat another bite and run at noontime; that make another grand rush at evening to get trains and cars to get back home—these nerves are still jumping and jingling at nightfall.

They should have rest, absolute rest, the rest that the old-fashioned home circle gave. But, like a high-strung runaway horse, or an engine with the governor broke, they cannot be

stopped. The demand for rest is mistaken for the old-fashioned home, will we be the richest a demand for more speed along lines of so-called recreation. The whole family is keyed up so high that when placed together they produce discord instead of harmony, so they flee the home in order to escape each other and themselves. Sheer exhaustion occasionally keeps one home and drives him to bed, but it is the exception, not the rule.

Indeed, so fixed and accepted has become this habit of escaping one's home that it is scarcely considered hospitable any more to attempt to entertain one's friends within the home—even if the home is large enough to permit it. Instead, after dinner, the guests are bundled off to the theater or the opera or, if they stay under one's roof, cards are the order of the evening.

What is hospitality? It is defined in an editorial in Collier's as follows:

"Hospitality is enjoying with others that which is our own; dividing with them the bread for the body, sharing with them the experiences and fancies of the mind. True hospitality is where one from the outside is welcomed into the home circle. He brings with him something of pleasure and thought and fellowship which he leaves in that home. He takes away with him a share of the cheer and warmth of the fireside. To sit down together and break bread—one's own bread—and then sit together before the fire—one's own fire—and tell of that which has happened on our pilgrimage, and speculate on what is yet to come; that, whether in an Indian's wigwam or a baron's castle, is the end and soul of hospitality."

That is a definition of hospitality as it was, not as it is. We have lost, not only the fireside, but also the art of conversation, the power to fill in an evening with interchange of ideas that are worth while, entertaining and wholesome. Attempt it and we fall into small talk or acrimonious debate.

Some attribute the passing of the home to the counter attractions—not so! The counter attractions have multiplied because of the demand for them by people who cannot stand to be bored to death by staying home. The automobile and the movies—the counter attractions of the wealthy and the modest-purse are the result of this restlessness, not the cause of it.

The breaking up of the home circle is only another symptom of the national disease of too strenuous living. It shows itself in a thousand other ways.

The extra-fare lightning express is a symptom; the express trains on the electric roads; the bargain "hours" in department stores; the vaudeville, with its dozen different "stunts" on one bill; the mad jam on the streets; the rapid-fire lunchrooms; the strident American voice that insts upon being heard above competing strident voices; the newspapers, with their dozen extra editions a day; the feverish ticker to tell the market changes within the second; the making of financial and commercial transactions by long distance telephone, and so it might be enumerated indefinitely.

We are living too fast, too high, too strenuous. The family circle, with its calm, the home life with its quiet and easy-moving currents are too much of a contrast to the day's work, too much of reaction. It's the penalty we are paying for being considered the busiest, richest nation on earth.

But if we lose the old-fashioned family circle

the old-fashioned home, will we be the richest nation? And may we not cease being the busiest?

Therapeutic Notes.

Epididymitis—Local Application In.

Dr. M. T. Schnirer presents the following list of formulæ, all of which have been employed for a long time in the treatment of this condition:

- ℞ Tincture of iodine.
- Tincture of nutgalls, aa 10 grams.
- This is to be painted on the scrotum.
- ℞ Guaiacol, 5 grams.
- Vaseline, 50 grams.
- ℞ Lead iodide, 5 grams.
- Vaseline, 50 grams.
- ℞ Iodoform, 1 gram.
- Vaseline, 30 grams.
- ℞ Iodine, 0.3 grams.
- Potassium iodide, 3 grams.
- Vaseline, 30 grams.
- ℞ Extract of belladonna or of opium, 1 gram.
- Simple ointment, 20 grams.

—"Taschenbuch der Therapie."

Gastric Atony Accompanied by Pain.

In gastric atony accompanied by pain one may give 10 to 15 drops of equal parts of tincture of condurango and tincture of hyoscyamus, one-quarter of an hour before meals; or the following:

- ℞ Sodium sulphate,
- Sodium phosphate,
- Sodium bromide, aa 2.50 grams.
- Distilled water, 250 grams.

One tablespoonful is given twice a day, ten minutes before meals.

Dover's powder in 0.2 gram doses may be given after each meal, or one-half teaspoonful of Hoffman's anodyne in a little sweetened water.—"Therapeutique Clinique des Maladies de l'Estomac."

Pneumonia

Dr. J. A. Lindsay, in the British Medical Journal, June 6, analyses a series of 100 consecutive cases of pneumonia, in substance as follows:

Under 20 years there were 22 cases and no deaths. Under 40 there were 67 cases, with 8 deaths; average mortality, 11.94 per cent. After 40 the mortality rose rapidly. The mortality was identical in the two sexes. The influence of occupation on the attack-rate and the mortality is not noteworthy. There was a definite history of alcoholic excess in 17 cases—all males—of whom 4 died, 3 of these being over 40 years of age. In 18 cases there was a history of previous attacks, varying in time from thirty years to three months before admission. Of these only 2 died. One patient who had had two previous attacks recovered. Only 6 patients attributed their attack to a wetting. Twelve patients had a definite history of tubercle, and of these only one died. The absence of a history of influenza is noteworthy. Forty-seven patients gave a history of one severe, prolonged rigor. One patient had two rigors. One patient had three rigors. One patient had several rigors. One

patient had "shivered for six hours." One patient had "shivered for three days." Forty-eight cases gave no history of rigor. Early prostration was marked in nearly every case. Only two patients remained at work after the initial rigor.

Most patients presented a typical pneumonic syndrome, but 5 patients were admitted as "abdominals"—namely, 3 as "colic"; 1 as enteric fever; 1 as subphrenic abscess. All these patients recovered. Thirteen had persistent vomiting; 1 had subphrenic abscess. All these patients recovered. Seventeen had albuminuria in considerable amount: of these 6 died—mortality, 35.3 per cent. Seven had valvular disease of the heart; of these only 1 died—mortality, 14.3 per cent. Three had marked delirium; all died. One had practically no symptoms. The most noteworthy feature was the high mortality in cases in which the maximum temperature ranged from 101 to 102 F. The analysis emphasizes the deadliness of double pneumonia. It shows a heavier mortality in right than in left pneumonias. No case of abscess of the lung was recorded. One patient developed aortic reflex during the attack. No clear case of malignant endocarditis occurred in the series, though its presence was more than once suspected. No patient, not previously tuberculous, developed phthisis as the result of his illness. Pleurisy was only noted as a complication where it was a prominent feature. No case of meningitis occurred. A termination by lysis was recorded in 34 per cent. of cases. The pneumococcus was found to be practically constant in the sputum. The attack-rate was much higher in the months of November to May than in the months May to November. The mortality shows some curious fluctuations in the monthly averages, but is, on the whole, higher in the months of greater prevalence of the disease. In six years out of fifteen the mortality was nil, while in seven years it was over 30 per cent. The general mortality was 20 per cent., or, omitting two cases which were moribund on admission, 18 per cent.

Lindsay treats pneumonia as an acute general infection, with special impact on the lungs, inducing a very intense type of toxemia and involving special danger from the side of the heart. Everything that tends to conserve the patient's strength and remove sources of irritation receives attention. Only milk is allowed—3 pints in the twenty-four hours—any excess of nourishment being regarded as likely to remain unabsorbed, and to distend the stomach and embarrass the heart. A light warm poultice, frequently renewed, is applied to the chest, care being taken not to embarrass the respiratory movements, and after the third or fourth day this is replaced by a jacket of cotton-wool. In the hope of diminishing the toxemia the skin, bowels and kidneys are gently stimulated, all remedies which might tend to depress the heart being avoided. If the patient is in great pain or very restless a hypodermic of morphin or a few grains of Dover's powder are administered. In the presence of any signs of circulatory weakness strychnin is given hypodermically, and ammonia and digitalis and sometimes caffeine by the mouth. Alcohol is used sparingly, and only in the more serious cases and in moderate or small quantity. Of the 100 cases only thirty-nine received any alcohol.

Brandy was the usual stimulant, and the amount seldom exceeded 3 or 4 ounces. In the presence of unusual dyspnea or cyanosis, oxygen was administered, the gas being passed through alcohol. Tepid sponging was vigorously practiced in every case, and cold sponging when the indications seem to point to its use. Antipyretics or expectorant drugs are not administered. Bleeding was not employed in any of this series of cases. The various complications, when they arise, were treated on the usual lines.

We take the following from an editorial in *Interstate Medicine* on the drug treatment of pneumonia:

The history of all the drugs which have been exploited by clinicians as a sure cure for pneumonia is somewhat bewildering, not only on account of the strong advocacy of certain drugs as specifics and then their withdrawal when enthusiasm waned, but on account of the eminence of the men who lent their laudation in support. Even Laennec advocated huge doses of tartarus stibiatus, doses far in excess of present pharmacopeial maximums. Calomel as a specific, potassium nitrate, and veratrine—each had its day of glory.

The increase of polynuclear leucocytes in pneumonia led to the use of many substances supposed to encourage these cells into the vanguard of the fray between the physician and the disease. Nuclein, thymus substance, pilocarpine, oil of turpentine were among the leucocytic stimulants—some of which certainly produced more harm than good. Pilocarpine hydrochloride was for many years considered an excellent specific for pneumonia; and sodium iodide had the reputation of possessing powers to render innocuous the pneumococcus and its metabolism products in the body. Creosotal is modern enough, even to-day, to be a part of the defense of many physicians, and yet is so common use. The colloid metals, of course, have been advocated, and results have been cited to show their efficiency. With such a long list before us the inference to be drawn is that not any one of the drugs could have been the specific, for if such had been the case others would not have been bolstered up into a pretentious position. Insufficient observation, the known variations in the mortality of this disease, and perhaps a laudable desire early to benefit the human race without proper scientific control of data have all acted as factors in the metamorphosis of drugs, with some virtues, into specifics whose impregnability was supposed to be adamant.

Ignorance of the mode of action of a drug must be held responsible for fulsome praise of so-called specifics. If the undoubted therapeutic results, similar to those following quinine in malaria, or mercury in syphilis, could be shown, a greater degree of scientific control would be unnecessary. There have always been men who thoroughly believed that quinine in pneumonia was specific in its action, but with the many empirical objections to its use by other men, its specificity must be questioned. Now the newer school of chemotherapy attempts to solve the problem in a different way, as is instanced by Morgenroth who like Ehrlich served a long and arduous apprenticeship

before coming to the bedside. The results of his chemical and animal work were the evolution of a quinine compound—*aethylhydrocypreinhydrochlorate*—and a prophylactic and curative value of this drug in the handling of pneumococcus infections in mice. But it was beside work that demonstrated that the action of the drug was less favorable in pneumonia in man, and that there was the possibility of a distinctly disagreeable association—namely, amblyopia. In summarizing to-day the subject of drug treatment of pneumonia, we can hardly assert that the results are better than they were some decades ago; but what we can assert with surety is that our methods of attacking the problem are improved, and that the future of specific therapy, either serum or drug, is not altogether visionary.

Seasickness.

Dr. Friedlander in *Munchener Med. Wech.*, expresses his belief that there is a mechanical factor involved in seasickness, namely, the swaying and dragging of the stomach on the esophagus with the pitching of the ship. As an adjuvant to other measures, he warns not to load the stomach, and advises winding a bandage around the stomach to lift it up and thus remove the strain on the esophagus and reduce the swaying of the stomach. His experience with this simple mechanical measure has been very favorable. He urges its use in connection with Fischer's atropin treatment, remarking that Fischer's theoretical explanation of the nervous causes of seasickness seems logical and convincing.

Dr. J. Fischer's paper appeared in the above named journal July 29th, in which he gives his method of treatment substantially as follows:

In fifty-two severe cases of seasickness he gave a subcutaneous injection of atropin in a dose of 0.001 gm. to men and 0.00075 gm. to women. All the symptoms of seasickness had generally disappeared by the end of three or four hours, only in very exceptional cases was a second injection necessary. In one group of eight very seasick persons given the injection, all felt entirely well the next morning except two, who were only much improved, while a similar group not given any treatment had their seasickness continue unmodified. The harmlessness of the atropin in this dose, he says, is beyond question. By the mouth a good effect was apparent in thirty cases, but it was less pronounced and slower in developing. The dose by the mouth was twenty drops of a 1 per thousand solution. He explains how nearly all the symptoms of seasickness can be traced to irritation of the vegetative nervous system, and this he ascribes to the movements of the boat.

Hypodermic injections of emetine have been recommended in the treatment of dysentery and amebic abscess of the liver. Dr. Rogers, of Alcutta, has reported 25 cases of amebic dysentery so treated, of which 21 were cured. The hydrochlorate is used in 3-4 c grm., hypodermically, twice daily.—*Interstate Med. Jour.*

Dr. Lereboullet, in *Paris Medical*, treats a crisis of gallstone colic with absolute rest in bed with hot applications over the site of the gall-bladder. Friction with methyl or amyl

salicylate is also advised. Skimmed milk diet is indicated, or kefir made with skimmed milk. An enema of antipyrine and laudanum is sometimes useful, as well as antipyrine internally. Finally, if all else fail, morphine must be used hypodermically.

Uterine Hemorrhages—Etiology and Treatment Of.

Dr. Hirsch, in *Monatschr. f. Geburtsh. u. Gynak.*, April 1913, calls attention to the unsatisfactory status of our knowledge of uterine hemorrhage not related to pregnancy. He considers that the chief factor in the production of uterine hemorrhage resides in the contractility of the uterine musculature rather than in the endometrium. Two components are essential in the production of such hemorrhages: 1. hyperemia, which involves not only the uterus but the rest of the pelvic organs, and 2. an insufficient power of the uterine muscles so that the latter are unable to contract sufficiently to return the blood through the venous channels to the heart. This uterine insufficiency seems to show that the hemorrhages are due to functional disturbances of the uterine musculature, but may also be traced in a large number of cases to anatomical changes in the uterine wall. In view of this etiology only those therapeutic measures are of avail which directly stimulate contractions of the uterus or affect the hyperemia which may be present. Hirsch considers that ergot is the most efficient remedy for the purpose and recommends that instead of intermuscular injections or oral administration it be given directly into the musculature of the uterus. He has used it in this manner in over 200 cases with good results, which vary however with the individual patient. In some cases the first injection stopped the bleeding, in others the treatment had to be repeated for three or four successive days. The result was especially well-marked in cases where tampons and curetting had been without effect. The injections are contraindicated in the presence of large fibroids, although the small interstitial variety does not contraindicate this treatment. The injection should not be employed in the presence of acute inflammatory disturbances in the uterus or adnexæ and it is essential that the cavity of the uterus be completely empty. It is of especial benefit in the preclimacteric stage and chronic nephritis. In case an extensive connective tissue change is present in the uterus very little can be expected from the method. Subinvolution is very favorably influenced. The injection is made in the musculature of the cervix, from 1.4 grams of a suitable ergot preparation being employed.

Scarlet-R (medicinal) in the form of an ointment (8 per cent.) has demonstrated its value in promoting healing in chronic ulcers and slow-healing wounds. To obtain the best results with it, one must not use it continuously, but, after having applied it for three or four days, replace it with some bland non-irritating ointment.

What a change has come over us in the past ten years in regard to the use of ointments! It is not so many years ago that they were branded as unclean and insanitary and as being a hindrance to drainage. At that time we were "asepsis mad," if one may so speak. But today

no one remarks that in most surgical clinics ointments are very frequently used.

The writer has been able to obtain excellent results with an ointment of the red oxide of mercury from 7½ per cent. to 10 per cent. strength, not only in the lesions of luetics, but also where there was no suspicion of syphilis.

As a rule ointments are more grateful to the patient than any other form of dressing, but the precaution must be taken not to dress an irritable ulcer with an irritating ointment.—Dr. W. T. Coughlin, St. Louis.

Hospitals, Sanatoria, Etc.

Maternity Hospital for New Brunswick.

Plans are being perfected for the erection of a Maternity and Children's Ward Building in connection with St. Peter's General Hospital of New Brunswick. A campaign to raise funds for that purpose has been inaugurated.

The Mountainside Hospital of Montclair, N. J., receives a bequest of \$2,500 under the will of the late Mr. Alfred C. Toxbury of that city.

Hudson County to Enlarge Insane Hospital.

The Hudson County Board of Freeholders are having a survey made at Snake Hill for the purpose of building a \$50,000 addition to the Hospital for the Insane.

Mercer Hospital, Trenton.

At the monthly meeting of the board of managers of the Mercer hospital, held October 21, Dr. R. K. Adams was elected resident physician and Dr. M. Leroy Potts members of the auxiliary staff in the out-patient department. It was reported to the board that the Hill Memorial Children's building was under roof and would probably be completed by December 1.

St. Francis Hospital Training School, Trenton.

Eight nurses were graduated from this Training School last month. Dr. Elmer Barwis, medical director of the hospital, Bishop McFaul and Rev. Father Freidolin delivered addresses. Bishop McFaul presented the graduates with their diplomas.

The Epileptic Village Chapel Condemned.

Nearly 400 inmates at the New Jersey State Village of Epileptics are being deprived of religious services, because a recent examination of the assembly building, where the services are held, has disclosed the fact that in its present condition the building is unsafe. The State architect has been requested to advise if the building can be made safe for further assembling of the patients. Pending the receipt of his report, the chapel will remain closed.

The village is said to be sorely in need of a chapel. The present one is a little frame structure, and was put up when the institution was founded and has been in use ever since. It was erected by the superintendent and the attendants at the village and cost the State nothing.

Glen Gardner Sanatorium Examiners.

The Sanatorium management at its last meeting appointed the following examining physicians, with a view of endeavoring to make it more convenient for applicants to gain admission to the Sanatorium in such sections as are represented by the new examiners:

Dr. William Schmidt, Atlantic City; Dr. Irwin H. Hance, Lakewood; Dr. Irving E. Charlesworth, Bridgeton; Dr. Peter P. Rafferty, Red Bank.

Medico-Legal Items.

The Sterilization Act Unconstitutional.

A test case instituted at the instance of the Board of Examiners of the Feeble-Minded, Criminals and other Defectives has terminated in the Supreme Court declaring unconstitutional the act of 1911 providing for the sterilization of certain classes of delinquents enumerated in the act.

The court held that the law is in violation of the Fourteenth Amendment to the Federal Constitution guaranteeing equal protection of the laws to all citizens, and that it does not come within the proper police powers of the State. Although dealing with a subject the character of which precludes extended discussion, the opinion of the court handed down by Justice Garrison may probably be regarded as of first importance in laying down the underlying principles governing the liberty of individuals.

The case at bar was that instituted in the name of an unfortunate inmate of the State Village for Epileptics, upon whom the Board of Examiners ordered that salpingectomy be performed. This order, with the approval of the examiners, was certified to the Supreme Court in order that the constitutionality of the law might be passed upon before further action was taken. The complainant had been an inmate of the village since 1902, and for five years past had had no attack of the disease with which she was afflicted.

Qualification as Expert on Neurasthenia.

In an action for injuries exception was taken to the qualification of a medical man as an expert witness on nervous troubles. The doctor had testified that he had had 14 years' experience as a general practitioner, and had a year's teaching under an eminent specialist on nervous troubles; that in his general practice he had many cases of purely nervous diseases, and had much experience and knowledge as to neurasthenia, the disease in question. It was held that it was not an improper exercise of the trial court's discretion to permit the witness to testify as an expert on neurasthenia.—Baltimore, C. & A. Ry. Co. v. Moon, Maryland Court of Appeals, 84 Atl. 536.

Expert Testimony as to Mental Capacity.

While medical experts may properly answer whether, in their opinion, from the conditions shown by a proper hypothetical question, a person was of unsound mind, it is not competent for them to give an opinion as to

whether such person had sufficient mental capacity to make a deed in controversy. Capacity to make a deed is a mixed question of law and fact for the jury to determine on proper evidence and instruction and not for witnesses to decide.—*Coblentz v. Putifer*, Kansas Supreme Court, 125 Pac. 30.

An Expert's Compensation.

The Court of Appeals of Georgia holds that only when expressly provided by law can the privilege of a witness resist the demand of justice for the truth and the witness refuse to answer a legal question. A physician is competent to testify as an expert and no expert can refuse to testify because he has not been compensated or will not be compensated for his testimony. An expert, testifying as a witness, has no greater privilege than any other witness.—(*Dixon vs. State* (Ga.), 76 S. E. R. 794.)

Prescribing Intoxicating Liquors.

In a prosecution for a violation of the Missouri Rev. St. 1909, Sec. 5784, providing that a physician issuing a prescription for intoxicating liquors "to be used otherwise than for medicinal purposes" shall be guilty of a misdemeanor, the offense is sufficiently charged in an indictment which charges the prescribing of intoxicating liquors "not to be used for medicinal purposes." But it was held that it is essential to the statutory offense that the physician shall have known that the liquor was to be so used.—*State v. Pomeroy* (Mo.), 147 S. W. 144.

Deaths.

DENNER—In St. Joseph's Hospital, Paterson, N. J., November 14, 1913, Dr. Edward F. Denner, of Paterson, from typhoid fever, aged 41 years.

Dr. Denner was born in New York in 1872; received his education in the schools of that city and later at St. Francis Xavier College. He subsequently attended the College of Physicians and Surgeons of New York, from which he graduated in 1904. After serving as an interne at St. Joseph's Hospital, Paterson, he engaged in private practice in that city.

In recent years Dr. Denner's ability as a physician—and more especially as a surgeon—had become very widely known. He was a constant student of the ever-improving methods of medicine and surgery, and always made the fullest use of these methods as soon as their availability had been thoroughly demonstrated. In the same way also, he was a constant advocate of improvement at St. Joseph's Hospital—his interest in that institution never waning. He was not only responsible for the introduction of much new apparatus into the hospital, but was also chiefly responsible for the splendid new wing added to the hospital recently—in which the facilities for surgical work are unsurpassed. Dr. Denner was a member of the executive board of the institution and until March was the president of the medical staff.

Dr. Denner was a member of the Passaic County Medical Society and the Medical Soci-

ety of New Jersey. He was also a member of the City Board of School Examiners.

Aside from his professional work and affiliations, Dr. Denner found his chief interest in music; and during all the years of his residence in Paterson his abilities as a musician have been recognized as of the first grade. He has also been at times a leader in various musical movements in the city. Dr. Denner is survived by his wife and two children.

NIEDERMEIER—In the Mercer Hospital, Trenton, October 23, 1913, Dr. Arthur Fray Niedermeier, formerly of Trenton, for several years medical examiner and surgeon in New York for the Pennsylvania Railroad. He graduated from the Medical Department of the University of Pennsylvania, Philadelphia, in 1900.

The editor requests and urges Secretaries of County Societies to send him promptly notice of every death of a member with brief obituary notice, at least newspaper items concerning the deceased member.

Marriages.

BIRDSALL—BLAKE—At East Orange, N. J., September 30, 1913, Dr. Clarence Atherton Birdsall, of Jersey City, to Miss Mabel Adele Blake, of East Orange.

KAUFHOLD—ALLSOPP—At Newark, N. J., November 18, 1913, Dr. Frank Kaufhold to Miss Alice M. Allsopp, both of Newark.

REMER—BAILEY—At Philadelphia, Pa., October 1, 1913, Dr. Daniel Flick Remer, of Medford, N. J., to Miss Edith Sharp Bailey, of Philadelphia.

PEMBERTON—NEWING—At Long Branch, N. J., November 19, 1913, Dr. Harry H. Pemberton, to Mrs. Eva J. Newing, widow of Dr. W. E. Newing, both of Long Branch. The doctor is a retired physician.

Personal Notes.

Dr. Henry Allers, Harrison, spent the months of September and October in the West and South.

Dr. J. G. L. Borgmeyer, Bayonne, and wife, who spent the summer abroad, have returned home via Gibraltar on the Saxonian.

Dr. Henry O. Carhart, Blairstown, who was taken ill during his successful campaign for election to the Assembly is recovering.

Dr. Eugene E. DeGrofft, Woodstown, has been elected medical inspector of the Township public schools.

Dr. Henry P. Dengler, Springfield, has been appointed township physician in place of Dr. J. A. Stites, deceased.

Dr. Richard C. Newton, Montclair, delivered a lecture in Kirkpatrick Chapel, Rutgers College, New Brunswick, October 29th, on the importance of observing the laws of health.

Dr. Joseph L. Nicholson, Camden, took his son to Cooper Hospital where he was operated on by Dr. Schellinger for appendicitis, October 26th.

Dr. Marcus W. Newcomb, Browns-Mills-in-the-Pines, has been appointed Clinical Assistant in the Department of Diseases of the Chest at Jefferson Medical College, Philadelphia.

Dr. Howard B. Reed, Seabright, son of Dr. James J. Reed, who returned from Bermuda some weeks ago very ill, was taken to New York for special treatment last month.

Dr. Harvey D. Van Gaasbeek, Sussex, recently announced the marriage of his daughter Ethel to Mr. E. H. Evans.

Dr. William J. Condon, New Brunswick, was given a verdict in the District Court of that city last month for \$50 damages for slander against his professional ability.

Dr. Richard L. Cook, Dover, has moved to Newark.

Dr. William E. Darnall, Atlantic City, read a paper at the annual meeting of the American Association of Obstetricians and Gynecologists at Providence, R. I., on "Sudden Severe Hemorrhage into an Ovarian Cyst Following Delivery."

Dr. Gordon K. Dickinson, Jersey City, presented a paper at the annual meeting of the American Association of Obstetricians and Gynecologists at Providence, R. I., on "Diagnostic Hysterotomy." He also discussed the papers of Drs. A. B. Davis and B. Van Sweringen.

Dr. Frank D. Gray, Jersey City, discussed papers by Drs. L. Frank on "The Use of Iodine in Abdominal Surgery," and W. C. Kirchner on "Bowel Obstruction," at the meeting of the Obstetricians and Gynecologists at Providence, R. I.

Dr. Henry A. Henriques, Morristown, has been elected president of the Morris County Children's Home.

Dr. Ernest G. Hummel, Camden, enjoyed a successful hunting trip to Sickersville last month.

Dr. Edward J. Ill, Newark, read a paper at the annual meeting of the American Association of Obstetricians and Gynecologists at Providence, R. I., in September, on "Cancer of the Uterus and Fibroid Tumors from a Clinical Standpoint." He also discussed the papers of Dr. Tuley on "Rupture of the Symphysis Pubis in Labor" and Dr. B. Van Sweringen on "Conservation in Operations for Acute Inflammatory Pelvic Disease."

Dr. Ralph J. Iszard, Haddonfield, has announced that Dr. H. L. Baker of Pittsburg has become his assistant.

Dr. James J. McGuire, Trenton, has removed his home and office from South Broad street to 122 West State street.

Dr. John B. Seeds, Trenton, enjoyed a week's hunting trip in Pennsylvania last month.

Dr. George N. Sommer, Trenton, has moved from Perry street to 120 West State street.

Dr. David St. John, Hackensack, and wife spent a week in Chicago, Ill., last month. The doctor attended the Clinical Congress of Surgeons.

Dr. John H. Van Mater, Atlantic Highlands, member of the Monmouth County Grand Jury, made the presentation speech of a gold fountain pen to the foreman at the dinner last month.

Dr. John H. Bradshaw, Orange, was recently re-elected president of The William Pierson Medical Library Association.

Dr. Lewis S. Burd, Ogdensburg, is recovering from a severe illness.

Dr. E. Lucas Henion, Paterson, has recently returned from a hunting trip in New Brunswick,

Canada. His principal trophy was the head of a moose with a span of sixty-one inches from the tip of one horn to the other, the largest on record from the Salmon River.

Dr. William H. Lawrence, Jr., Summit, has returned from a successful hunting trip.

Dr. William D. Miningham, Newark, has been appointed a member of the consulting staff of the Essex County Hospital at Overbrook.

Dr. Clinton H. Read, Trenton, had his automobile wrecked last month when the machine skidded. The doctor escaped unhurt.

Dr. Paul M. Markley, Canada, is recovering from a severe illness.

Dr. Joseph H. Oram, Paterson, and family enjoyed an auto trip through New York State last month.

Dr. Cornelius Van Riper and Dr. A. W. Van Riper, Passaic, made an extensive automobile trip through Massachusetts last month.

Book Reviews.

STAMMERING AND COGNATE DEFECTS OF SPEECH. By C. S. Bluemel. New York, G. S. Stechert & Company, London, Leipzig, Paris, 1913.

This treatment is presented in two volumes. Vol. 1 treating of the psychology of stammering and Volume 2 presenting contemporaneous systems of treating stammering, their possibilities and limitations. In the first volume the author seeks to find the cause or causes of stammering. It necessarily brings him into the domain of metaphysics. He discusses mental types—eye mindedness, ear mindedness, etc., verbal and mental imagery and voluntary speech. He naturally takes up the various pathological changes which produce aphasia, amnesia, etc.—and then considers the relation of stammering to mental confusion, fear and auto suggestion. In the second volume he presents the various modes of treatment of stammering. While he presents some forms which are not generally commended, he dwells more extensively on those modes which regard stammering as a physiological defect and seek its cause in some anomaly of respiration, vocalization, or articulation. Appended to the work is a glossary of terms the definition of which is in the main quite excellent. The bibliography is very extensive and the book shows great research on the part of the author.

DAMAGED GOODS. The great play, "Les Avaries" of Brieux, novelized with the approval of the author, by Upton Sinclair. Publishers, The John Winston Company, Philadelphia.

Novels are often dramatized, but this is a much discussed drama novelized in a most effective and judicious manner. It is a timely, forcible, and truthful presentation of facts, a knowledge of which should be more generally disseminated among young men and especially among young women that they may the better avoid the acquisition of loathsome diseases. It will also aid the cause of eugenic marriages and a proper certification of the health of both parties before contracting matrimony. The book is calculated to do an immense amount of

good with the least possible danger of doing harm.

THE SURGICAL CLINICS OF JOHN B. MURPHY, M. D., at Mercey Hospital, Chicago. Volume II. Number V. (October, 1913.) Octavo of 174 pages, 52 illustrations. Philadelphia and London: W. B. Saunders Company, 1913. Published bi-monthly. Price per year: paper, \$8.00. Cloth, \$12.00.

Among the contents of this number are: "Double Inguinal Hernia;" "Cavernous Angioma of the Thigh;" "Carcinoma of the Tongue;" "Tumor of Axilla;" etc.

THE PRACTICAL MEDICINE SERIES, COMPRISING ten volumes on the Year's Progress in Medicine and Surgery, under the general editorial charge of Charles L. Mix, A.M., M. D., Professor of Physical Diagnosis, Northwestern Medical School. Vol. VII, Obstetrics. Edited by Joseph B. De Lee, A. M., M. D., Professor of Obstetrics N. W. Med. School, with the collaboration of Herbert M. Stone, M. D. Series 1913. Chicago, The Year Book Publishers. 327 La Salle Street.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed.
Illinois, April.....	181	154	27
Illinois, June.....	285	258	27
Maryland, June.....	105	75	25
Minnesota, October....	11	10	1
Missouri, September....	38	27	11
Montana, October.....	30	21	9
New Jersey, October....	38	32	6
New Mexico, July.....	2	2	0
Pennsylvania, June.....	281	232	49
Rhode Island, October..	13	11	2
South Dakota, July.....	16	15	1
West Virginia, April....	16	10	6

At the New Jersey examination 21 midwives were examined, of whom 14 passed and 7 failed; 13 chiropodists were examined, of whom 9 passed and 4 failed.

Up to November 1, 1913, seventy-nine medical colleges had adopted the entrance requirement of one or two years of collegiate work.

Public Health Items.

Diphtheria in Clifton, N. J.

More than thirty cases of diphtheria were reported as having occurred in the small town of Clifton during October. Two of the public schools were closed for a short time.

Dissatisfaction With Medical Inspectors.

Several school trustees of the Board of Education of Toronto, Canada, are dissatisfied with the medical inspection of school children as carried on at present by the Board of Education, and will back the City Council in its appeal to the Ontario government for special legislation to have the inspection done under the Department of Health of the city.

Study and Prevention of Infant Mortality.

Amplification and greater use of all vital and social statistics were advocated at the closing of the convention of the American Association for Study and Prevention of Infant Mortality. Special stress was laid upon the immediate need for more universal statistics, with especial reference to the health of infants and the infant death rate, and it was pointed out that there was no uniformity of reports in the different States.

"Let us try to influence the mental attitude of physicians and other authorities, so that they will use statistics based upon facts and not opinions," was the plea of Dr. Josephine Baker, director of child hygiene in the Department of Health of New York City. She declared that the need for better information was growing more acute daily.

Smallpox in Connecticut.

Twenty cases of smallpox in the small town of Brooklyn, Conn., were reported on October 21, and it was feared that a large number of cases had been concealed among the mill hands of that section.

Newark Health Board's New Building.

The Board of Health received its new building, at William and Plane streets, last month, from representatives of the Common Council. The keys were turned over to the president of the board, Dr. H. C. H. Herold, by Acting Mayor Donnelly, president of the Common Council, and the dedication was participated in by the finance and public building committee of that body.

"This building, than which there is no more up-to-date health department building in the country," said Mr. Donnelly, "is illustrative of the new ideas and progress that are being manifested throughout the administration of this city. I am certain that it will meet the expectations of the citizens of the municipality."

In response Dr. Herold, who recalled his thirty years of service in the department, said the board would show its appreciation of the building by increased interest in work for the benefit of the citizens.

Others who spoke were Health Commissioner Dr. James T. Wrightson, Drs. F. B. Meeker and W. D. Bleick. The board planned to occupy this four-story building December 1st, when its equipment will be installed.

Rural Health Officials Criticized.

Rural health officers were criticized by Dr. Charles Bolduan, assistant to the general medical officer of the Department of Health, New York State, at a dinner given at the close of a meeting of the Health Officers' Association of New Jersey at Achtel-Stetter's, November 12th. Dr. Bolduan told his hearers, most of whom were country health officials, that the average rural health officer was woefully lacking in a knowledge of sanitation, which would enable him to discharge his duties efficiently.

"I think," said Dr. Bolduan, "that the rural health officer of New York can be taken as typical of those in all parts of the United States, outside the cities. Most of them are twenty-five years behind the times, and have not the

slightest scientific knowledge of what is required of them. The utmost in their sanitation endeavors consists in keeping the town dump at a certain place and keeping the streets free of rubbish. Now, the science of sanitation has so far advanced that this sort of work looks terribly inefficient. It is my opinion that a medical health inspector can accomplish much more than a lay inspector, and I understand that here in New Jersey you have a great many lay inspectors."

Convalescent Colony.

The United Hebrew Charities of New York at a recent meeting entertained a proposition to establish an industrial colony where persons who have recovered from tuberculosis may work and earn their living under proper hygienic conditions.

Diagnosis Clinics for Venereal Disease.

Commissioner Lederle of the New York Department of Health, has recently issued a circular letter stating that the Department of Health of New York City has for some months conducted two diagnosis clinics for venereal diseases, where physicians may send patients for Wassermann tests for syphilis, for the complement deviation test for gonococcus infection, microscopical examinations for *Treponema pallidum* in fresh specimens and for gonococci. Under no circumstances are the results of these examinations communicated to any one but the physician sending the case. All the examinations are made free of charge. In order to extend the usefulness of these clinics in combating the spread of venereal diseases, a specially trained physician has been appointed to act as "Medical Adviser" to the patients attending the clinics. Under no circumstances will he treat cases. His duties consist in advising patients as to the nature of the disease, the necessity of proper medical care, the dangers of self-treatment, and the importance of obeying the directions of their physicians. Upon request, the "Medical Adviser" will also instruct the patients regarding the nature of venereal infections, their mode of spread, ordinary course, complications and far-reaching effects and in various questions of sexual hygiene. The establishment of these venereal clinics has been disapproved by some physicians, on the ground that ample facilities for the free treatment of venereal diseases now exist. It is apparent, Commissioner Lederle says, that this objection is based on a complete misunderstanding of the diagnostic functions of the clinic, and the duties of the "Medical Adviser," for the medical advice given will in no way interfere with the legitimate work of private physicians and dispensaries.

The Cost of Infectious Diseases.

Prof. James W. Glover, of Ann Arbor, Mich., delivered at the American Hospital Association an address on this subject. He pointed out that tuberculosis caused in every 1,000 persons the following death rate:

20.....	1.450	50.....	2.011
25.....	1.990	60.....	2.196
30.....	2.118	70.....	2.616
40.....	2.041		

On the prospective value of a man's earnings

from age 20 to age 70 on the basis of \$100 a year and 5% on money, with the average incidence of tuberculosis the average man's earnings would be reduced as follows:

20.....	\$47.51	45.....	\$24.21
25.....	45.81	50.....	18.72
30.....	41.21	55.....	13.20
35.....	35.70	60.....	7.51
40.....	29.72		

This is quite an impairment to the average wealth-earning capacity of each on the basis of \$100 a year from the various ages above to 70. For the United States an average of \$100 for each person this would mean a total loss of \$671,018,025. But as the average earnings are greater than \$100, the actual loss is calculated to be \$2,013,054,075.

Assuming the population of Canada as one-twelfth of that of the United States, the loss to this country would be about \$167,000,000. Professor Glover goes on to show that any country with a death rate from tuberculosis of 140 per 100,000 of the population could profitably spend \$10 per head, if thereby the disease could be eradicated.—The Canada Lancet.

In Seattle, Wash., vigorous efforts are being made to destroy all the rats, especially along the water front, because of the finding recently of six which were infected with bubonic plague.

BOARD OF HEALTH AND BUREAU OF VITAL STATISTICS OF THE STATE OF NEW JERSEY.

Monthly Statement, November, 1913.

The number of deaths reported to the State Board of Health by the Bureau of Vital Statistics for the month ending October 10, 1913, was 3,032. By age periods there were 739 deaths among infants under one year, 289 deaths of children over one year and under five years and 819 deaths of persons aged sixty years and over.

The death-rate is slightly lower than for the corresponding period of previous years. One particular cause of death showing a noticeable decrease is Cancer with 140 deaths, the monthly average of deaths from this disease during the last twelve months being 174.

The following table shows the number of certificates of death received in the State Bureau of Vital Statistics during the month ending October 10, 1913, compared with the average for the previous twelve months, the average in each class of diseases being given in parenthesis:

Typhoid fever, 44. (24); measles, 2. (17); scarlet fever, 8. (20); whooping cough, 47. (28); diphtheria, 47. (47); malarial fever, 3. (2); tuberculosis of lungs, 258. (304); tuberculosis of other organs, 35. (43); cancer, 140. (174); diseases of nervous system, 290. (331); diseases of circulatory system, 364. (451); diseases of respiratory system (pneumonia and tuberculosis excepted) 104. (209); pneumonia, 110. (246); infantile diarrhoea, 390. (193); diseases of digestive system (infantile diarrhoea excepted) 257. (206); bright's diseases, 220. (247); suicide, 38. (34); all other diseases or causes of death, 675. (662); making a total of 3,032 and (3,238).

Laboratory of Hygiene—Bacteriological Dept.

Specimens for bacteriological diagnosis examined: Specimens examined from suspected cases of diphtheria, 650; tuberculosis, 507; typhoid fever, 395; malaria, 64; miscellaneous specimens, 102; totals, 1,718.

Division of Creameries and Dairies.

During the month 436 inspections were made as follows: 309 dairies; 26 creameries; 7 milk depots; 94 ice cream factories.

Number of dairies scoring above 60% of the perfect mark, 200; scoring below 60% of the perfect mark, 93; dairies relinquishing the sale of milk, 16; creamery licenses recommended, 3; ice cream factory licenses recommended, 8.

During the month 17 cow stables were disinfected under the supervision of officers of this Bureau. They were located as follows:

Hudson, 1; Hunterdon, 1; Morris, 8; Sussex, 5; Warren, 2.

Nineteen dairymen were notified to improve their methods in handling milk within a specified time. These dairies supply milk to the following municipalities: Asbury Park, Lyndhurst, Pompton and Trenton.

During the month of October the production and sale of milk was prohibited on one dairy, the milk of which was sold in Lyndhurst, Bergen County.

The manufacture of ice cream was prohibited in two factories. In one case a number of patrons of a factory were attacked with typhoid fever, among them being a member of the operator's family. In the other case the methods used in the manufacture of ice cream and the surroundings of the factory were of such a character as to render the product unsafe for human consumption. The operators of three other factories were given the alternative of placing their factories in a more sanitary condition within a specified time or relinquishing the business.

Division of Food and Drugs.

During the month ending October 31, 1913, 585 samples of food and drugs were examined in the Laboratory of Hygiene, with the following results:

The samples of all of the following were found on examination to be above standard: Condensed milk, 3 samples; the one each of birch beer, brandy, cake, candy, coloring, lard, maple syrup, orange mash, peanut butter, rum, sausage, strawberry soda, sweet potatoes canned, cold remedy, cream of tartar, garlic syrup, jaundice bitters, laudanum, spts. peppermint, spirits nitre, tincture iodine and vegetable compound, one sample each; 69 samples of spices; 3 of cider; 5 of cocoa; 16 of coffee; 13 of cream; 6 of frozen eggs; 2 of oleomargarine; 20 of canned tomatoes; 3 tomato chile; 6 tomato sauce; 4 whiskey; 2 Bateman's drops; 3 catarrh remedies; 2 each of consumption cure, cough remedies, liniments, and shampoos preparations; 7 headache remedies; 4 of pills.

The following samples were found to be below standard: 18 of the 196 of milk; 4 of 29 of butter; the 3 of lemonade; 3 of the 5 of meat; 2 of the 6 of olive oil; 4 of the 6 of orangeade; all 5 of oysters; 2 of the 19 of tomato catsup; 7 of the 10 of tomato paste; 8 of the 35 of tomato pulp; 1 of the 5 of tomato puree;

1 of the 6 of vanilla extract; 3 of the 21 of vinegar; the 2 of watercress; 5 of the 6 of bay rum; 4 of the 5 of hair tonic; the 2 of migraine tablets; 1 of the 4 of nerve tonic; 2 of the 4 of toilet waters; 2 of the 6 of witch hazel, and the one each of beer, pineapple drink, canned strawberries, cordials, and paregoric.

Oysters examined, collected from oyster beds 41
Water examined, collected from oyster beds. 175

During the month ending October 31, 1913, 267 inspections were made in 84 towns and cities; those having the largest number of inspections being: Trenton, 32; Camden, 15; Bivalve, 14; Jersey City, Mt. Holly and Newark, each 11; Bridgeton, 9; Elizabeth and Hoboken, each 7; Hackensack and Salem, each 6; Dover, Millville and Newton, each 5; Asbury Park, Bay Head and Point Pleasant, each 4, and several 3 and 2 inspections.

The following articles were inspected during the month, but no samples were taken: Milk, 226; butter, 394; food, 923; drugs, 204.

Other inspections were made as follows: Milk wagons, 118; milk depots, 59; grocery stores, 376; drug stores, 12; confectionery stores, 8; slaughter-houses, 18; meat markets, 5; bottling establishments, 6; canning factories, 36; creameries, 2; cold storage warehouses, 4; barber supply stores, 5; bakeries, 2; rendering plant, 1; oleomargarine investigation, 1.

Meat inspections: Calf carcasses, 11 passed; hog carcasses, 1 passed; ham, 115 pounds condemned.

The following shows the number of inspections and reinspections made in various towns during the month in regard to exposed food-stuffs:

First inspection: Bridgeton, 8; Mt. Holly, 20; Palmyra, 1; Trenton, 39. Total, 68.

Reinspections: Asbury Park, 10; Bloomfield, 5; Bordentown, 13; Hackensack, 7; Hoboken, 53; Morristown, 16; Palmyra, 5; Red Bank, 16; Riverton, 6; South Orange, 3; Trenton, 30; Union Hill, 10; Weehawken, 3; West New York, 6. Total, 207.

Division of Food, Drugs, Water and Sewerage

Total number of samples analyzed in the Water Laboratory, 251; public water supplies, 139; creamery water samples, 1; special public water supplies, 8; miscellaneous waters, 1; proposed public water supplies, 1; miscellaneous samples, 6; State Institution water supplies, 8; sewage samples, 17; private water supplies, 07; ice samples, 1; proposed water supplies, 2.

INSPECTIONS.

Water supplies and water purification plants inspected at Allentown, Bound Brook, Bridgeton, Brown's Mills, Burlington, Califon, Dover, Elizabeth, Gibbstown, Gloucester, Haledon, Lambertville, Midland Park, Millville, Moorestown, New Brunswick 2, New Lisbon, Pemberton, Rahway, Raritan, Roebling, Sea Girt, Skillman (State Village for Epileptics) 4, Trenton, Woodbury 2.

Bottled water supplies inspected at Dover (Hygeia Ice & Ice Cream Company), Great Notch (Great Notch Spring Water Company).

Sewage disposal plants and sewerage systems inspected at Ancora (Camden County Tuberculosis Sanatorium), Atlantic Highlands (Du Vale

Estate), Bordentown 3, Chatham 2, Change-water, Collingswood, Essex Fells, Fairview, Gibbstown, Glen Gardner 2, Glenloch (Bateman Manufacturing Company), Haddon Heights, Helmetta, Highlands (East View Hotel), Hightstown, Lakehurst 2, Lakewood, Long Branch (Seaboard Utilization Company), Millville, New Lisbon (2 plants), Newton (2 plants), Ocean City, Plainfield, Powerville (factory waste), Ralston, Reaville (creamery waste), Ridgewood, Riverside, Runson, Scotch Plains (Union County Tuberculosis Sanatorium), Skillman (State Village for Epileptics) 2, Stanhope (McRoy Farms) 2, Stone Harbor, Sunnyside (creamery waste), Trenton (Agasote Millboard Company) 4, Trenton Junction (Knight's Farm), Vineland (N. J. Institute for Feeble-Minded Women), Washington, Water Witch, Westfield, Woodbridge Township, Woodlynne Terrace.

Stream inspections on the Delaware River and tributaries, Elizabeth River and tributaries, Great Egg Harbor River, Lake Hopatcong and tributary, Maurice River, Millstone River and tributary, Mullica River, Pequannock River and tributaries, Passaic River and tributaries, Pequest River, Rahway River and tributaries, Raritan River and tributaries, Rockaway River and tributary, Second River, Toms River and tributary, Whippany River and tributaries.

Number of stream pollutions reported..... 25
Reinspections of stream pollutions made... 364
Stream pollutions found and abated..... 128
Cases referred to the Attorney General..... 8
Notices to cease pollution issued..... 26
Plans for sewage disposal plants, sewerage systems and extensions approved..... 17
Plans for water supply systems approved... 2

NEW AND NON-OFFICIAL REMEDIES.

Since October 1 the following articles have been accepted for inclusion with New and Non-Official Remedies:

Abbott Alkaloidal Co.:

Strepto-Bacterin (Scarlatina Bacterin).

Antistreptococcic Vaccine (Scarlatina Prophylactic).

The Bayer Company, Inc.:

Tannigen Tablets, 8 grs.

Farbwerke-Hoechst Co.:

Silk Peptone "Hoechst."

At the request of the manufacturer the Council has voted to reconsider the acceptance of and to omit the following from New and Non-Official Remedies:

The Bayer Company, Inc.:

Alypin Tablets, $3\frac{1}{3}$ grs.

Alypin Tablets, $1\frac{1}{8}$ grs.

Alypin Tablets, $\frac{3}{4}$ gr.

Citarin Tablets, 15 grs.

In view of the report of untoward effects from Hormonal and the claim of the manufacturer that the product now on the market differs from that described in New and Non-Official Remedies, the Council has rescinded the acceptance of—Schering and Glatz—Hormonal (Hormonal Intramuscular and Hormonal Intravenous).

Since publication of New and Non-Official Remedies, 1913, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Non-Official Remedies":

Gluten Food A, Barker's—A wheat-gluten flour, containing not more than 4 per cent. of carbohydrates and 87 per cent. protein.

Gluten Food B, Barker's—A wheat-gluten flour, containing not more than 7 per cent. carbohydrates and 85 per cent. protein.

Gluten Food C, Barker's—A wheat-gluten flour, containing not more than 12 per cent. of carbohydrates and 83 per cent. protein.

Barker's gluten foods are indicated when a practically starch-free diet is desired, particularly in most forms of diabetes. It can be taken uncooked or made into muffins. Herman Barker, Somerville, Mass. (Jour. A. M. A., Sept. 27, 1913, p. 1043.)

Acne Bacterin Polyvalent.—For description of Bacillus Coli Vaccine see N. N. R., 1913, p. 221. Abbott Alkaloidal Co., Chicago.

Friedlander-Bacterin Polyvalent.—For description of Friedlander Vaccine see N. N. R., 1913, p. 222. Abbott Alkaloidal Co., Chicago.

Gonococcus-Bacterin Polyvalent.—For description of Gonococcus Vaccine see N. N. R., 1913, p. 223. Abbott Alkaloidal Co., Chicago.

Pneumo-Bacterin Polyvalent.—For description of Pneumococcus Vaccine see N. N. R., 1913, p. 224. Abbott Alkaloidal Co., Chicago.

Staphylo-Acne-Bacterin Polyvalent.—For description of mixed vaccines see N. N. R., 1913, p. 224. Abbott Alkaloidal Co., Chicago.

Staphylo-Albus-Bacterin Polyvalent.—Abbott Alkaloidal Co., Chicago.

Staphylo-Aureus-Bactrein Polyvalent.—Abbott Alkaloidal Co., Chicago.

Staphylo-Bacterine (Human) Albus-Aureus-Citrus.—For description of Staphylococcus Vaccines see N. N. R., 1913, p. 225. Abbott Alkaloidal Co., Chicago.

Stepto-Bacterine (Human).—For description of Streptococcus Vaccines see N. N. R., 1913, p. 226. Abbott Alkaloidal Co., Chicago.

Typho-Bacterin Polyvalent.—Abbott Alkaloidal Co., Chicago.

Typhoid Prophylactic.—For description of Typhoid Vaccine see N. N. R., 1913, p. 227. Abbott Alkaloidal Co., Chicago. (Jour. A. A., Oct. 4, 1913, p. 1297.)

Ninhydrin.—Ninhydrin is triketohydrindenhydrate, a derivative of inden. Colorless crystals, readily soluble in water. The aqueous solution gives a blue color on boiling with protein bodies or amino acids derived from them, which have the amino group in the alpha position. Ninhydrin is used in the diagnosis of pregnancy according to the method of Abderhalden. Farbwerke-Hoechst Co., New York.

Placentapeptone.—A peptone derived from the placenta. It is used in applying the optical test for pregnancy according to Abderhalden. Farbwerke-Hoechst Co., New York.

Antirabid Vaccine.—It is prepared according to the method of Pasteur and is a complete treatment, consisting of 25 doses, to be administered during 21 days. Schieffelin & Co., New York.

Copper Citrate, Merck.—This salt complies with the standards for copper citrate. N. N. R., Merck & Co., New York.

Transfer of Agency.—The biologic products of the Sophian-Hall-Alexander Laboratories, which were accepted for inclusion with N. N. R., are now sold by E. R. Squibb & Sons. (Jour. A. A., Oct. 11, 1913, p. 1377.)

Facetious Items.

"For weeks and weeks after my husband died I was unable to sleep."

"I hope you are all over that now," her sympathetic friend replied.

"Yes. The lawyers finally found his insurance policy in a safety deposit box that he had never told me about."—*Chicabo Record-Herald.*

"Doctor, have you any idea how much it is going to cost me to have this operation performed?"

"A good deal will depend on whether we sew up any of our instruments inside of you or not, so I don't like to make an estimate."

Doctor (to Mrs. J., whose husband is very ill)—"Has he had any lucid intervals?"
Mrs. J.—"'E's 'ad nothink except what you ordered, doctor."—*January Lippincott's.*

A veteran naval surgeon, speaking of the odd things that crop out in the service, said that one of the younger medical cranks in the navy discovered much virtue in sea water, and, no matter what disease came on, his first action was to throw down the patient's throat a large dose of the nauseating liquid. The crew soon learned to hate him thoroughly. In process of time he fell overboard in a choppy sea and a great bustle ensued. In the midst of it the captain came up and anxiously inquired the cause. "Oh, nothing, sir," replied a tar, "only the doctor has fell into his medicine chest."—*London Telegraph.*

"My doctor ordered two weeks at the seashore."

"He's a homeopath, isn't he?"

"Yes. Why?"

"Two weeks is a small dose. I'd go to an allopath and see if I couldn't get a trip to Europe."—*Washington Herald.*

"Do you believe appendicitis can be cured without an operation?"

"My case was."

"How'd you do it?"

"A friend who had suffered told me what his operation cost him, and as soon as he had finished all my symptoms had departed."—*Houston Post.*

"Please, mum," said a tramp, "would you be so kind as to let me have a needle and thread?"
"Well, y-e-s," said the housewife, at the door. "I can let you have that."

"Thankee, mum. Now, you'd oblige me very much if you'd let me have a bit of cloth for a patch."

"Yes, here is some."

"Thankee very much, mum. It's a little different in color from my suit, I see. Perhaps, mum, you could spare me some of your husband's old clothes that this patch will match."

"Well, I declare! You're clever, my man, and I'll give you an old suit. Here is one."

"Thankee greatly, mum. I see it's a little large, mum, but if you'll kindly furnish me with a square meal, mebbey I can fill it out."

"Doctor, how can I prevent my husband from talking in his sleep?"

"Well, you might try giving him a few opportunities in the daytime."—*Pittsburgh Post.*

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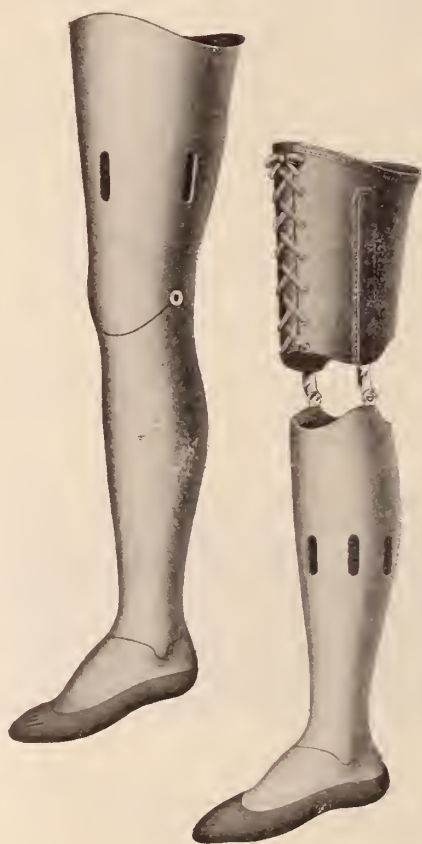
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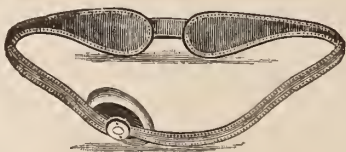
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CONTENTS

	Page.		Page.
ORIGINAL ARTICLES—		Idealism in Medicine—Dr. Wells P. Eagleton	71
President's Address—Norton L. Wilson, M. D.....	55	Clinical Reports	72
Operation in Surgery; A Mechanistic Theory of Disease—Prof. George W. Crile, M. D.....	59	Abstracts From Medical Journals.....	78
Discussion—By Dr. F. D. Gray, G. K. Dickinson and Abraham Jacobi.....	65	County Medical Societies' Reports—Atlantic, Burlington, Hunterdon.....	79
Third Vice-President's Address: Privileged Communications—Dr. William J. Chandler.....	67	Local Medical Societies — Morristown, Montclair, Eastern Monmouth.....	80
		Other Medical Organizations.....	81
		Miscellaneous Items	83

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CONTENTS CONCLUDED.

EDITORIALS—

Editorial Briefs	85	Therapeutic Notes	95
Our 147th Annual Meeting.....	85	Hospitals and Training Schools.....	97
State Pediatric Society.....	86	Medico-Legal Items	99
A. M. A. Annual Meeting.....	86	Married—Drs. B. W. Crane, Josiah Meigh, A. A. Mulligan, H. R. Mutchler, A. B. Thompson, G. B. Tompkins.....	100
State Sanitary Association.....	87	Deaths—Drs. M. Drossner, E. F. Farrow, J. M. MacDonald, E. Parry, J. B. Risk, A. H. Worthington.....	100
State Epileptic Village.....	87	Book Reviews; Booklets Received.....	101
Correspondence—Dr. M. H. Fischer.....	88	Personal Notes	102
Summer Clinic—Nervous and Mental Dis- eases: State Hospital.....	88	Public Health Items.....	103
Summer Care of Sick Babies.....	88	State Board of Health; May Report.....	105
Deleterious Action of Tobacco on Arteries	89	New and Non-Official Remedies.....	106
Ministerial Association Would Safeguard Marriage by Law.....	90	Thoughts for the Thoughtful.....	107
Editorials From Medical Journals.....	91	Facetious Items	108
Editorials From the Lay Press.....	94		

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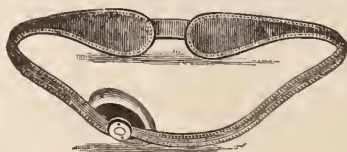
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CONTENTS

	Page.		Page.
ORIGINAL ARTICLES—			
Uterine Hemorrhage—Dr. William Freile	221	Treatment of Some Cases of Dystocia of the First Stage—Dr. Aims R. Chamberlain	232
Discussion—By Drs. F. D. Gray, G. K. Dickinson and M. A. Swiney	223	The Correction of Errors of Refraction as a Prophylactic Measure—Dr. S. E. Pendexter	235
A Few Points in the Clinical Treatment of Chronic Nephritis—Dr. W. Blair Stewart	224	Pulmonary Tuberculosis—Dr. M. I. Marshak	236
Discussion—By Drs. A. Marcy, Jr., and C. E. Sutphen	226	Clinical Reports—A Tumor Obstructing Labor, Dr. S. C. Keller—Miscellaneous Cases	241
Treatment of Syphilis—Dr. A. Schuyler Clark	226	Abstracts from Medical Journals	244
Psychoses Associated With Child Bearing—Dr. William C. Sandy	230		

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CONTENTS CONCLUDED.

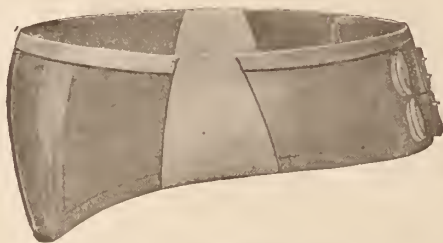
Reports of County and Local Medical Societies—County: Cumberland, Essex, Gloucester, Passaic. Local: Summit..	246	Editorials from Medical Journals.....	259
International Medical Congress—Notes by Dr. G. K. Dickinson and other items	248	Editorials from the Lay Press.....	262
EDITORIALS—		Therapeutic Notes.....	263
Important Notice—Dues	253	Hospitals and Sanatoria.....	265
Patronize our Advertisers.....	253	Marriages—Drs. F. C. Horsford, A. H. Lippincott, A. Stahl.....	266
Progress in Cancer Research.....	253	Deaths—Drs. T. H. Andress, George C. Laws	266
Our Exchanges.....	255	Personal Notes (See page 259).....	267
Editorial Briefs—Prize Essay, Editor's Visits, etc.	256	Medico-Legal Items	268
Communication—Dr. J. R. Stevenson on Syphilis Symposium	256	Book Reviews	269
Syphilis and the Nervous System.....	257	Medical Examining Board's Reports....	269
Inheritance in Epilepsy.....	258	Public Health Items	269
Miscellaneous Items	259	State Board of Health—August Report..	271
		New and Non-Official Remedies.....	272
		Thoughts for the Thoughtful.....	273
		Facetious Items	274

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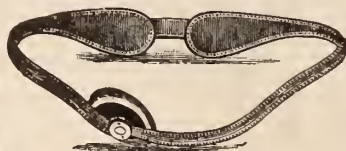
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CONTENTS

	Page.	Page.
ORIGINAL ARTICLES—		
Symposium on Syphilis:		
The Social Side of Syphilis—Dr. Edward E. Worl.....	167	
Discussion—By Drs. A. Marcy, Jr., G. K. Dickinson, F. W. Owen and M. W. Reddan	169	
Skin Lesions of Syphilis—Dr. Charles H. Purdy	171	
Discussion—By Dr. H. J. F. Wallhauser.	175	
Manifestations of Syphilis in Infancy and Childhood—Dr. Julius Levy.....	175	
Discussion—By Drs. A. Stern and T. N. Gray	179	
Syphilis of the Eye—Dr. Elbert S. Sherman	180	
Discussion—By Drs. N. L. Wilson, L. Emerson and E. L. Bull.....	183	
The Treatment of Syphilis—Dr. Henry A. Pulsford	184	
Discussion—By Drs. E. D. Newman, H. J. F. Wallhauser and William J. Chandler	189	
Clinical Reports	191	
Abstracts from Medical Journals.....	193	

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CONTENTS CONCLUDED.

Reports from Medical Societies.....	195	Marriages—Drs. T. J. E. Holmes, L. J. Kaufman	209
Miscellaneous Items	197	Deaths—Drs. T. H. Andress, W. A. Davis, A. J. Kirsten, E. P. McGeorge, M. F. Middleton, E. Parry, G. W. Terri- berry, J. D. Van Derveer, Mrs. Gilbert Van Vranken	209
EDITORIALS—			
The Doctor's Vacation.....	199	Personal Notes	211
American College of Surgeons.....	200	Book Reviews	212
Education in Sex Hygiene.....	201	Medical Examining Board's Report.....	213
Phenacetin, etc.	201	Public Health Items.....	213
Correspondence—Drs. A. Marcy, Jr., G. E. McLaughlin	202	State Board of Health—June Report.....	215
Revision of State Health Code.....	203	State Board of Health—July Report.....	216
Editorials from Medical Journals.....	203	New and Non-official Remedies.....	218
Editorials from the Lay Press.....	204	Thoughts for the Thoughtful.....	219
Therapeutic Notes	205	Facetious Items	220
Hospitals, Homes for Sick and Convales- cents	207		

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CONTENTS

	Page.		Page.
ORIGINAL ARTICLES—			
Nasal Hydrorrhea: With Report of a Case—Dr. Henry Vaughan.....	275	Results of Open Air Treatment in Public Schools of Newark, N. J.—Dr. George J. Holmes.....	289
Discussion—By Drs. G. O. Brewster, Linn Emerson and L. Ely.....	276	President's Address—Morris County Medical Society—Dr. Gustav A. Becker	296
Sub-Mucous Resection of the Nasal Septum—Dr. Theodore W. Corwin.....	278	Clinical Reports—A Case of Diabetes Insipidus—Dr. Arthur Stern	299
Discussion—By Drs. L. Emerson, G. A. Schoening and T. W. Corwin.....	282	Bullet Wound of Chest With Perforation of Pericardial Sac—Dr. E. A. Y. Schellenger	300
Rapid Stomach Diagnosis—By Dr. Stewart Lewis	283	Reports from County and Local Societies—Atlantic, Bergen, Cumberland, Middlesex, Morris, Passaic, Salem, Union, Tri-County	300
Post-Operative Intestinal Stasis and the Intro-Abdominal Use of Oil.—Dr. Waters F. Burrows.....	285		

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CONTENTS CONCLUDED.

Miscellaneous Items (310).....	306	Marriages—Drs. E. C. Butler, H. T. Harvey, G. P. Pennington, E. W. Presley..	315
EDITORIALS—			
Important Notice—Dues.....	307	Deaths—Drs. J. A. Coyne, W. H. K. Davis, J. Lochner, W. H. Schenck.....	315
Clinical Congress of Surgeons.....	307	Personal Notes	315
Doctors as Legislators.....	307	Book Reviews	316
Trustees' Meeting	308	Medical Examining Boards' Reports	316
Thanksgiving Day	308	Public Health Items.....	317
Editorial Briefs	309	State Board of Health—September Report	319
Prize Essay Announcement.....	310	New and Non-Official Remedies.....	320
"Keep a Goin' "—Poem—By N. L. Wilson	310	Official Transactions—Addenda Concluded Governor Fielder's Banquet Address..	321
Prize Essay Announcement	310	Reports to the Chairman of the Committee on Scientific Work from the Reporters of the County Societies..	322
Editorials from the Lay Press.....	312	Facitious Items	328
Therapeutic Notes	313		
Hospitals	314		

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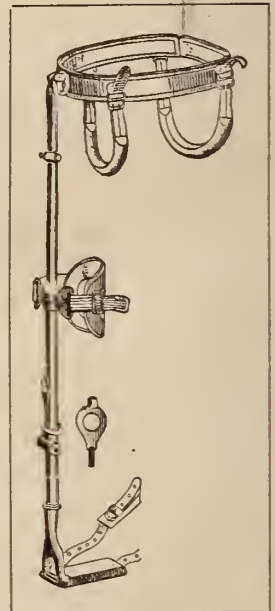
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CONTENTS

ORIGINAL ARTICLES—	Page.		Page.
Re-Education of Disturbed Locomotion— Dr. Alfred Gordon.....	329	Abstracts from Medical Journals.....	351
Some Indications for Caesarean Sec- tion—Dr. Evan T. Steadman.....	332	Reports from County Medical Societies— Atlantic, Bergen, Burlington, Camden, Cape May, Essex, Hudson, Mercer, Passaic, Somerset.....	353
Some General and Special Points in Diagnosing in Infants and Children— Dr. Thomas N. Gray.....	334	Reports of Local Societies—Bayonne, Montclair, Morristown, Summit.....	361
Therapy of the Internal Secretions—Dr. G. Wyckoff Cummins.....	340	Other Medical Societies.....	363
Treatment of Psoriasis—Dr. Winfield S. De Vausney.....	345	Miscellaneous Items.....	364
President's Address—Camden County So- ciety—Dr. John K. Bennett.....	346	EDITORIALS—	
Clinical Reports.....	348	State Society Dues.....	365
		Medical Defense.....	365
		Volume X.....	366

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CONTENTS CONCLUDED.

Editorial Briefs.....	366	Deaths—Drs. E. F. Denner, A. F. Neidermier	376
Correspondence Pennsylvania Society's New Constitution—Dr. T. N. Gray.....	366	Marriages—Drs. C. A. Birdsall, F. Kaufhold, D. F. Remer, H. H. Pemberton..	376
Good and Welfare of the Medical Profession—Committee's Report—Dr. H. G. Norton	367	Personal Notes.....	376
Editorials from Medical Journals.....	369	Book Reviews.....	377
Editorials from the Lay Press.....	370	Public Health Items.....	378
Therapeutic Notes.....	372	State Examining Boards' Reports.....	378
Hospitals, Sanatoria, Etc.....	375	State Board of Health, November Report..	379
Medico-Legal Items.....	375	New and Non-Official Remedies.....	381
		Facetious Items.....	382

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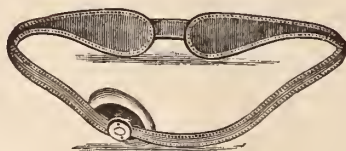
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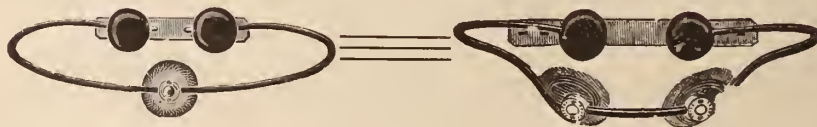
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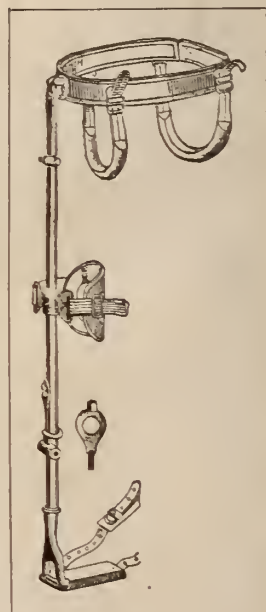
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ENOCH HOLLINGSHEAD, Ex-officio,	Pemberton
THOMAS N. GRAY, Ex-officio,	East Orange

Committee on Public Hygiene and Legislation

HENRY B. COSTILL, Trenton, <i>Chm.</i> , Term expires 1914	
THOMAS H. MACKENZIE, Trenton,	1914
HENRY A. COTTON, Trenton,	1915
J. BOONE WINTERSTEEN, Moorestown,	1915
L. M. HALSEY, Williamstown,	1916
HENRY H. DAVIS, Camden,	1916

Delegates to the American Medical Association.

WM. S. LALOR, Trenton,	Term expires 1914
EDWARD GUION, Atlantic City,	1915
LINN EMERSON, Orange,	1915

Alternate Delegates

GEORGE T. WELCH, Passaic,	Term expires 1914
ALEXANDER MCALISTER, Camden,	1915
LUTHER M. HALSEY, Williamstown,	1915

The New York Academy of Medicine

DUE IN TWO WEEKS UNLESS RENEWED.

NOT RENEWABLE AFTER 6 WEEKS

[illegible]



